



COMMONWEALTH OF VIRGINIA COUNTY OF HENRICO

Department of Human Resources

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to **Henrico County General Government** to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. By signing below, you are consenting to an initial limited query upon consideration for employment and at least one additional limited query annually for continuing employment purposes.

I understand that if the limited query conducted by **Henrico County General Government** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **Henrico County General Government** without first obtaining additional specific consent from me. In order to provide my electronic consent, I am aware that I must register as a driver in the Clearinghouse and give consent to **Henrico County General Government**.

I further understand that if I refuse to provide consent for **Henrico County General Government** to conduct a limited query of the Clearinghouse, **Henrico County General Government** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Please complete the information below by printing the information exactly as it is shown on your license.

_____	_____
First Name	Last Name

Date of Birth (Month, Day, Year)	
_____	_____
CDL/CLP Number	State & Country of Issuance
_____	_____
Employee/Driver Candidate's Signature	Date

For Office Use Only: *Driver Not Prohibited* *Information Found* _____
Initials/Date

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