



Authorization for Release of Drug and Alcohol Testing Records

Applicant: Please complete all information above the solid line. If you have worked for more than one (1) employer in the last two (2) years where you were subject to DOT-required drug and/or alcohol testing, complete another release for each employer.

To:

Previous Employer	Applicant Name: last, first
Street Address	Previous Names and/or Aliases
City State Zip	Social Security Number
Telephone Number	Position Held at Previous Employer
Fax Number	Dates of Employment (month/year – month/year)

I hereby authorize the above named employer to release all medical, personnel, business and administrative records and documents of any sort regarding any DOT drug and/or alcohol rule violations, drug/alcohol rehabilitation or medical history including any refusals to test or positive drug/alcohol test results from my previous employer(s) to Pinnacle Airlines, Inc. – Substance Testing Programs. I authorize that a copy of this authorization letter be as valid as an original.

Applicant Signature: _____ Date: _____
Position: _____

Dear Previous Employer:

The individual listed above has applied for a safety-sensitive position with Pinnacle Airlines, Inc. and has indicated he/she was subject to DOT required drug and/or alcohol testing while employed with your company. Federal law requires Pinnacle Airlines, Inc. to verify all prior Department of Transportation drug and alcohol violations and/or refusals to test to ensure applicants who may have had previous violations have completed the process to return to a safety-sensitive position. The applicant has given Pinnacle Airlines, Inc. permission (see signed release below) to contact your company to obtain information regarding his/her drug and alcohol testing records. **To assist us in complying with Federal Law, please answer the questions below and fax this information to: Pinnacle Airlines, Inc. Attn: Laquentus Jones, PRIA Specialist / HR Administrator, (901) 348-4162, no later than five (5) days after receipt. If fax is not possible, mail to Pinnacle Airlines, Inc. Attn: Laquentus Jones, 1689 Nonconnah Blvd. Suite 111, Memphis, TN 38132**

Please answer the following questions based on a review of your records:

- Was this individual under a DOT approved drug and/or alcohol program with your company? Yes ___ No ___
- Has this individual ever had a verified positive drug or alcohol test with a breath alcohol concentration of .04 or greater? Yes ___ No ___
- Has this individual ever refused to submit to a required random, reasonable cause/suspicion, post-accident, or follow-up drug and/or alcohol test? Yes ___ No ___
- Has this individual ever been found to have engaged in alcohol misuse in violation of FAA regulations? Yes ___ No ___
- Has this individual ever been found to have engaged in on-duty used of alcohol or a prohibited drug while performing a safety-sensitive function? Yes ___ No ___
- Did a previous employer report a drug or alcohol rule violation to you? Yes ___ No ___

If the response to questions 2, 3, 4 or 5 is yes, please provide SAP and rehabilitation information and the dates/results of the tests.

Name and Title of person verifying the above drug and alcohol testing records Phone Number

Signature Date