

PINELLAS COUNTY SCHOOLS
**CONSENT FOR EMPLOYER TO CONDUCT QUERIES OF THE FEDERAL MOTOR CARRIER SAFETY
ADMINISTRATION (FMCSA) DRUG AND ALCOHOL CLEARINGHOUSE**

I, _____, hereby provide consent to Pinellas County School Board ("Employer") to conduct queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

Prior to employment, Employer is authorized to conduct a full query of the Clearinghouse as required by the regulations of the FMCSA (49 CFR 701(a)(1)). Thereafter and throughout the term of my employment, Employer is authorized to conduct any and all such queries as required by the regulations of the FMCSA, which include limited queries on an annual basis and full queries as may be required by 49 CFR 382.701(b)(3) based on the information received from the Clearinghouse.

I understand that the Employer's use of the information received from the Clearinghouse is limited to determining whether a prohibition applies which would prevent me from performing the safety sensitive function of a school bus driver and that no information from the Clearinghouse will be divulged to any person or entity not directly involved in determining whether a prohibition applies.

I further understand that if I refuse to provide consent for the Employer to conduct any query of the Clearinghouse as required by the regulations, Employer must prohibit me from performing the safety-sensitive functions which renders me unable to continue my employment as a school bus driver.

Print Name

Driver's License Number

Employee Signature

Date