

Novco Inc.
11090 173rd Ave NW
Elk River, MN 55330

RELEASE FOR VERIFICATION STATEMENTS

Applicant's Name (Printed)

Applicant's SSN

Date

I authorize **NOVCO, INC.**, to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby authorize you to release the following information to **NOVCO, INC.**, for the purposes of investigation as required by Section 391.23 and 382.413 of the Federal Motor Carrier Safety Regulations. I do hereby release the company supplying this information from all liability as a result of releasing truthful information in compliance with this request.

The information that I have authorized **NOVCO, INC.**, to review involves testing required by DOT. If any carrier (company and /or school) furnishes **NOVCO, INC.**, with information concerning items (1) through (6) below, I also authorize that carrier (company and/or school) to release and furnish the date of my negative drug and/or alcohol test and/or test with results below 0.04 during the **three (3) year** period and the name and phone number of any substance abuse professional who evaluated me during the past three (3) years.

By signing below, I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by carriers, companies and/or schools to **NOVCO, INC.** I authorize the following information concerning DOT drug and alcohol testing violations including pre-employment test during the past three (3) years: (1) alcohol test with a result of 0.04 or higher; (2) verified positive drug test; (3) refusals to be tested (including verified adulterated or substituted results); (4) other violations of DOT drug and alcohol testing regulations; (5) information obtained from previous employers of a drug and alcohol rule violation(s); and (6) documents, if any, of completion of a return-to-duty process following a rule violation.

Applicant's Signature

Date

***** APPLICANT: PLEASE RETURN BY FAX TO 763-441-4550 ASAP *****