

NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES

REFUSAL TO SUBMIT TO A FEDERAL DRUG OR ALCOHOL TEST

PURSUANT TO *G.S. 20-37.19(c) AND G.S. 20-396 THE UNDERSIGNED EMPLOYER HEREBY NOTIFIES THE DIVISION OF MOTOR VEHICLES THAT THE INDIVIDUAL BELOW REFUSED TO BE TESTED FOR DRUGS OR ALCOHOL AS REQUIRED BY FEDERAL REGULATIONS.

***Do not include Pre-Employment Refusals
Attach confirmation from Testing Agency if applicable**

Employee's Name _____

Driver License Number _____ State ____ Social Security Number ____ - ____ - ____

Employee's Address _____

Name of Employer _____

Employer's Address _____

Telephone No. of Employer (____) _____ Employer Contact Name _____

Type of Company () Commercial () Transit Driver () Government () School Bus Program

****Date of Refusal _____ **Type of Test Refused: Alcohol Drug**

****Reason for Test:** **Random** **Reasonable Suspicion**
 Post-Accident **Return to Duty** **Follow-up**

Send To: NC DMV
Commercial Drivers License Unit
3117 Mail Service Center
Raleigh, NC 27699-3117

Or Fax to: (919) 861-3302
(If faxed, mail the original to the above address)

* G.S. 20-37.19. Employer Responsibilities
(c) The employer of any employee who tests positive in a drug or alcohol test required under 49CFR Part 382 Part 655 shall notify the Division of Motor Vehicles in writing within five business days following the employer's receipt of confirmation of a positive drug test. The notification shall include the driver's name, address, drivers license number, social security number, and results of the drug or alcohol test.

*G. S. 20-396. Unlawful Motor Carrier Operations

****THIS INFORMATION IS REQUIRED**