



Consent to Check Motor Vehicle Driver's License Status & History

I, (driver's name) _____ provide consent to the Borough of Fair Haven to conduct annual Motor Vehicle Record checks through the New Jersey Customer Abstract Information Retrieval Program (CAIR) as permitted by N.J.S.A. 39:2-3.4(c). I understand that my employer will use this information for employment purposes only and not furnish this information to a third party without my written consent.

Initial _____

Further I agree to immediately report to my supervisor if my license is suspended, revoked or cancelled, or diagnosed with any disqualifying physical condition, or take medication (prescription or over-the-counter) which may affect my ability to drive a vehicle.

Initial _____

CDL-holders must also complete the section below:

I, (driver's name) _____ provide consent to the Borough of Fair Haven to conduct a Limited Query of the Federal Motor Carrier Safety Administration (FMCSA) Drug & Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

Initial _____

I understand queries must be made on at least an annual basis for the term of my employment but may be done on a more frequent basis as deemed appropriate by my employer.

Initial _____

I understand that if the Limited Query conducted by my employer indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to my employer with first obtaining online Full Query consent from me. As required by FMCSA's regulations, I must grant Full Access to the employer within 24 hours or I will not be permitted to perform any safety-sensitive functions, including driving commercial motor vehicles which may result in further employment implications as per my employment agreement with my employer.

Initial _____

I further understand that if I refuse or withdraw access to my employer in order to conduct a query of the Clearinghouse, my employer must prohibit me, as required by FMCSA's regulations, from performing any safety-sensitive functions, including driving commercial motor vehicles, and may result in further implications as per my employment agreement with my employer.

Initial _____

Further, I agree to immediately report to my supervisor any license suspensions revocations, or cancellations, or criminal convictions if I hold a Passenger (P) endorsement. Convictions for ALL traffic violations, other than parking violations, must be reported within 30 days.

Initial _____

Signature _____

Date _____