



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

COMPLIANCE DIVISION/Tow Truck/Vehicle Storage Program P.O. Box 12157 Austin TX 78711

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## DRUG TESTING PROCEDURES CONSENT AND ACKNOWLEDGMENT FORM

I \_\_\_\_\_, an applicant or an employee with \_\_\_\_\_ (the Company) consent to and acknowledge that I am scheduled to undergo drug testing.

**Test Specimen and Substances:** The drug test will involve an analysis of a urine sample, which I will provide at a designated site. The purpose of the test will be to test for the presence of the following substances: marijuana, cocaine, amphetamines, phencyclidine (PCP), and opiates.

**Specimen Collection:** I allow qualified personnel to take and have analyzed suitable specimens to find out if drugs are present in my system.

**Release of Test Results:** I agree that positive drug screen test results be made available for review by the medical review officer (MRO), the company, and the Texas Department of Licensing and Regulation (TDLR) in connection with determining whether I violated the drug testing policies established by 16 Texas Administrative Code, Chapters 85 or 86 (the Rules). I further agree that TDLR may use verified positive test results in an administrative hearing to enforce an alleged violation of the rules. I understand this authorization and consent form is valid until revoked by me in writing.

**Procedures for Confirming and Verifying Positive Results:** I understand that a second test of the same specimen will confirm an initial positive test. After receiving a confirmed positive, but before verifying that result, I understand the MRO will make all reasonable attempts to contact me to discuss the test result. If contacted by the MRO, following our discussion and any other proper inquiry, the MRO will determine whether to verify the test result. If the MRO verifies the confirmed positive result, I also understand and consent to the MRO sending the verified positive test results to the company and the company notifying the Texas Department of Licensing and Regulation according to the regulations governing my state issued license.

**Refusal to Undergo or Obstruct Drug Testing:** I understand that I must appear at the designated test site for drug testing with a minimum of 15 minutes and a maximum of two hours notification. My failure to appear during the prescribed time will result in a verified positive drug test. I also understand that failure to provide adequate urine for controlled substances testing without a valid medical explanation, and engaging in conduct that clearly obstructs the testing are the same as refusing to test.

**Effects of Positive Drug Test:** As an applicant, I am aware that a confirmed and verified positive drug test result will rescind my conditional offer of employment. As an employee, I am aware that a confirmed and verified positive drug test will cause my removal from towing operation and/or VSF duties and I may be subject to disciplinary action up to termination. I will present a copy of this form to the collection site when I report for my scheduled drug test.

**Right to have split-sample analyzed:** I understand that if a urine sample is verified positive, I have the right to request analysis of the split-sample in a different certified laboratory for the presence of the drug(s) for which a positive result revealed. I also understand I must give written the request to the MRO within 72 hours of the MRO notification to me of a verified positive test result.

By execution of this consent form, I acknowledge the company has notified me of the company's drug testing policy.

\_\_\_\_\_  
Printed Name of Applicant or Employee

\_\_\_\_\_  
Applicant's Social Security Number or  
Licensee's TDLR License Number

\_\_\_\_\_  
(Signature of Applicant or Employee)

\_\_\_\_\_  
Date