



# REPORT OF VALID POSITIVE RESULT ON DRUG TEST UNDER TRC 644.252



<b>A. ID</b>	NAME OF MOTOR CARRIER			DATE OF DRUG TEST	
	NAME OF INDIVIDUAL TESTED		SOCIAL SECURITY NUMBER	CDL NUMBER & STATE	BIRTHDATE

<b>B. INSTRUCTIONS</b>	<b>INSTRUCTIONS FOR THE COMPLETION OF THE REPORT OF POSITIVE DRUG TEST UNDER TRC 644.252: TO THE MOTOR CARRIER</b>
	<ol style="list-style-type: none"> <li>1. You must complete and sign the "Certificate of Motor Carrier" section.</li> <li>2. You must attach a legible copy of the signed the Federal Drug Testing, Custody and Control Form (with at least steps one through six completed) <u>or</u> the MRO's signed report of positive controlled substance result. If the donor refused to provide a specimen, you do not need documentation from the MRO.</li> <li>3. Deliver or mail this form and the supporting documentation to: MCS Section Supervisor, Motor Carrier Bureau, Texas Department of Public Safety, 6200 Guadalupe, MSC# 0521, Austin, Texas 78752-4019. <b>Legible copies</b> may be sent by facsimile /email to 512-424-5310 or <a href="mailto:MCB.VPR@dps.texas.gov">MCB.VPR@dps.texas.gov</a></li> <li>4. Retain a copy of this form and the Federal Drug Testing, Custody and Control Form and/or the MRO's report of positive controlled substance result in the Motor Carrier records as required by 49 CFR, Parts 40 and 382 (or other parts applicable to CDL holders).</li> <li>5. You must forward your report to the department within <b>ten</b> days of receiving the completed test results.</li> </ol>

<b>C. CERTIFICATE OF MOTOR CARRIER</b>	By signing below, I the authorized representative of the Motor Carrier listed above, certify the following:
	<ol style="list-style-type: none"> <li>1. The Motor Carrier listed above: <input type="checkbox"/> Has an in-house drug and alcohol testing program that meets the federal requirements of 49 CFR Parts 40 and 382 (or other parts applicable to CDL holders); <b>OR</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is a member of a consortium, as defined in 49 CFR 382.107, that provides drug and alcohol testing that meets the federal requirements of 49 CFR Parts 40 and 382 (or other parts applicable to CDL holders). <b>NAME OF CONSORTIUM:</b> _____</li> </ul> </li> <li>2. The individual tested is subject to drug testing by the Motor Carrier, and was tested for the following reason:           <ul style="list-style-type: none"> <li><input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Post-Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Pre-employment</li> <li><input type="checkbox"/> Other: _____; <b>AND</b></li> <li><input type="checkbox"/> Tested positive for a prohibited drug under 49 CFR Parts 40 and 382 (or other parts applicable to CDL holders) (<b>NOTE: a copy of the federal drug testing custody and control form or the MRO's report of positive controlled substance result must be attached</b>); <b>OR</b></li> <li><input type="checkbox"/> Refused to submit to a controlled substance test (<b>NOTE: Supporting documents are only required for pre-employment refusals</b>)</li> </ul> </li> </ol> <p><b>I further certify that I have reviewed the motor carrier's records and that the information contained in this certificate is true and correct to the best of my knowledge.</b></p>

PRINTED NAME OF DESIGNATED MOTOR CARRIER REPRESENTATIVE	TELEPHONE NUMBER
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ADDRESS			
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SIGNATURE OF DESIGNATED MOTOR CARRIER REPRESENTATIVE <b>X</b>	CITY	STATE	ZIP CODE
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**Mail form/attachments to the MCS Supervisor, Motor Carrier Bureau, Texas Department of Public Safety, 6200 Guadalupe, MSC# 0521, Austin, Texas 78752-4019, FAX LEGIBLE copy to 512-424-5310 or email to [MCB.VPR@dps.texas.gov](mailto:MCB.VPR@dps.texas.gov) .**