

TEXAS DEPARTMENT OF PUBLIC SAFETY

MOTOR CARRIER BUREAU



ELECTRONIC MAIL VERIFICATION FORM Valid Positive Results and/or Roadside Inspection Notices

This form will be rejected if not signed by the Owner, President, or other Senior Official of the carrier, or by an individual if they are also the motor carrier.

1,	Print Name of Individual Verifying the E-mail Address	_ , at, Telephone Number (Area Code & E	
am		specify):	<u></u>
of	verifying individual's Position of Title		<u>C</u> ,
-1	Print Name of the Company you Represent, Own, or Operate		TXDMV Number (if any)
at	Print Physical Address	,	USDoT Number (if any)
or Print Mailing Address (if different) affirm that the following electronic mail address is correct and is secure pursuant to 49 C.F.R. 40.255(b)(2). I request (Check all that apply): responses to requests for Release of CDL Holder's Reported Positive Alcohol or Controlled Substance Test Results to be sent by electronic mail to the following individual's electronic mail address. I understand that this information is confidential, and will only be released to others pursuant to 49 C.F.R. 40.25 or a valid court order. notification of any roadside inspections involving my commercial motor vehicles sent to this electronic mail address.			
	Print Electronic Mail Address (up to three (3) may be used)	Print Name	
Print Individual's Telephone Number If the above telephone numbers do not work, you can reach us at one of the following additional telephone numbers:			
	Print Additional Telephone Numbers		
		SIGNATURE	
ACKN	IOWLEDGED before me, this day of	, 20	
		NOTARY PUBLIC IN AND FOR	
	ommission expires:		
	or Carrier Bureau Use Only: Date E-mail Addre		
Date CP Number Checked If no applicable CP number, new CP number issued Deliver or Mail this original form to the MCS Supervisor, Motor Carrier Bureau, Texas Department of Public Safety, 6200 Guadalupe, MSC# 0521, Austin, Texas 78752-4019.			