

CONFIDENTIAL DRUG & ALCOHOL TESTING INFORMATION
CONSENT FORM
DOT REGULATION 49 CFR Part 40.25

Full Name:----- Social Security #:-----

Address:----- Telephone #: -----

Signature:----- Date:-----

hereby authorize my previous employer(s) (listed below – list all employers for the previous 24 months) Greystone Health Sciences, Inc & Pretium/MIB to release the following information with regard to my chemical testing records to my prospective employer (use additional paper to report additional employers, if any):

1. Name of Previous Employer:-----

Company Contact Person:-----

Telephone #:----- Fax # -----

Date of employment:----- Date of Discharge:-----

2. Name of Previous Employer:-----

Company Contact Person:-----

Telephone #:----- Fax # -----

Date of employment:----- Date of Discharge:-----

3. Name of Previous Employer:-----

Company Contact Person:-----

Telephone #:----- Fax # -----

Date of employment:----- Date of Discharge:-----

4. Name of Previous Employer:-----

Company Contact Person:-----

Telephone #:----- Fax # -----

Date of employment:----- Date of Discharge:-----



United States Shipping LLC

EMPLOYEE SELF - CERTIFICATION

CONFIDENTIAL DRUG & ALCOHOL TESTING INFORMATION DOT REGULATION 49 CFR PART 40.25

Pursuant to US Department of Transportation Regulation ("DOT"), 49 CFR part 40.25, paragraph "J," you must respond truthfully to the following questions. During the past two years (24 months), with respect to DOT/USCG pre-employment drug or alcohol testing have you:

- | | Yes | No |
|--|--------------------------|--------------------------|
| ➤ Had alcohol tests with a result of 0.04 or higher alcohol concentration | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Had verified positive drug tests | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Refused to test or had verified adulterated or substituted drug test results | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Violated any other DOT/USCG drug and alcohol testing regulations | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer YES to any of these questions, indicate the date of the test, name of the company, vessel and position in which you were employed or you were applying for. Please provide an explanation below:

I hereby certify that the above information is accurate and true

Signature: _____ Date: _____

Print Name _____

PLEASE FAX THIS COMPLETED FORM TO:

**United States Shipping LLC
ATTN: Marine Personnel
FAX #: (732) 635-1918**

