

**General Consent for Limited Queries of the Federal Motor Carrier Safety
Administration (FMCSA) Drug and Alcohol Clearinghouse**

I, _____ hereby provide consent **Elite Shipping LLC**
and/or their C/PTA Driver's Choice to conduct limited queries of the FMCSA Commercial Driver's License Drug
and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the
Clearinghouse.

I furthermore give consent for unlimited queries to be conducted for the duration of my employment with
Elite Shipping LLC

I understand that if the limited query conducted by **Elite Shipping LLC** and/or their C/PTA
Driver's Choice indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA
will not disclose that information **Elite Shipping LLC** and/or their C/PTA Driver's Choice without
first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for **Elite Shipping LLC** and/or their C/PTA
Driver's Choice to conduct a limited query of the Clearinghouse, **Elite Shipping LLC** must prohibit
me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by
FMCSA's drug and alcohol program regulations.

Driver Signature

Date

Driver Name: _____

Driver Date of Birth: _____

Driver License Number: _____