

## Alcohol and Drug Testing Verification of Training

Company Name: CMCSS-Transportation Department

Address: 2620 Madison Street  
Clarksville, Tennessee 37043

I hereby certify that I have been provided training on Alcohol and Drug Testing in the workplace prior to operating CMCSS equipment. I have reviewed the material and listened to the program provided to me in compliance with federal safety regulations.

I also attest that I will comply with the U.S. Department of Transportation regulations below as well as State and/or Local laws, related to alcohol and controlled substances testing, age, medical certification, licensing, and driver records, as required in 380.707(a).

- Part 40 – Procedures for transportation workplace drug and alcohol testing programs
- Part 382 – Controlled Substances and alcohol use and Testing
- Part 383 – Commercial Driver’s license standards; Requirements and Penalties
- Part 391 – Qualifications of drivers and longer combination vehicle (LCV) driver’s instructors

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Printed Employee Name

\_\_\_\_\_  
Employee Signature