

**Documentation of Actual Knowledge – FMCSA –  
Drug or Alcohol Use while Working**

Company Name:	
DOT #:	
DER Name: <i>(Designated employer Representative)</i>	
DER Phone:	
DER e-mail:	
Employee Name	
Employee DOB	
CDL # with State of Issue	
Date of Event	

<b>Reason for Actual Knowledge Documentation</b>	
<input type="checkbox"/> Actual knowledge by an employer that a driver has used alcohol or controlled substances based on the employer's direct observation of the employee  <input type="checkbox"/> Information provided by previous employer(s).  <input type="checkbox"/> A traffic citation for driving a CMV while under the influence of alcohol or controlled substances.	<input type="checkbox"/> Employee's admission of alcohol or controlled substance use (except as provided in 382.121)  <input type="checkbox"/> Other – please explain:

<b>DER Remarks:</b>	
<input type="checkbox"/> <b>Additional Documentation Attached</b>	

<b>DER Signature:</b>	
<b>Employee Signature:</b>	
<input type="checkbox"/> <b>Donor refused to sign</b>	<input type="checkbox"/> <b>Donor not available to sign</b>
<input type="checkbox"/> <b>Donor provided this notice</b>	<input type="checkbox"/> <b>Donor not available to receive notice</b>