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# WEXFORD COUNTY ROAD COMMISSION

*OUR MISSION IS TO IMPROVE AND MAINTAIN A SAFE AND EFFICIENT ROAD SYSTEM*

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

I, \_\_\_\_\_, hereby provide consent to Wexford County Road Commission to conduct an **ANNUAL** limited query 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 understand that this limited query will be run annually for as long as I am employed with Wexford County Road Commission.

I understand that if the limited query conducted by Wexford County Road Commission indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Wexford County Road Commission without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Wexford County Road Commission to conduct an **Annual** limited query of the Clearinghouse, Wexford County Road Commission must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

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

\_\_\_\_\_  
Date