



Notice of Failure to Pass a Drug, Alcohol, or Chemical Test Regarding Persons Possessing School Bus Endorsements

Employee Information	First Name	Middle Initial	Last Name	
	Driver License Number		Date of Birth (MM/DD/YYYY) ____ / ____ / ____	
	Address			
	City		State	Zip Code

Employer Information	Name of Company or Corporation		Contact Person	
	Address		Telephone Number (____) ____ - ____	
	City	State	Zip Code	

Certification	I certify that on ____ / ____ / ____ , the above employee: (MM/DD/YYYY)			
	<input type="checkbox"/> Failed to Pass <input type="checkbox"/> Refused to Complete a(n): <input type="checkbox"/> Drug Test <input type="checkbox"/> Alcohol Test Administered By: _____ <input type="checkbox"/> Chemical Test			
All tests were administered pursuant to the requirements of any federal or state law, rule, or regulation regarding the operation of a school bus.				

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.			
	Signature of Employer or Officer of Employer		Title	
	Printed Name		Date (MM/DD/YYYY) ____ / ____ / ____	

Enclose a copy of all test results with this form to the address listed below.

