



# EMPLOYER'S SUBMISSION OF CONTROLLED SUBSTANCE TEST RESULTS FOR NEW MEXICO CDL HOLDERS



Note: This form must be accompanied by a signed MRO's Controlled Substance Test Report. **Do not send refusals of pre-employment controlled substance tests.**

Employer Information						
Company Name						
Address						
City, State Zip						
Authorized Representative					Date	
Driver and Positive Test or Refusal to Test Information						
	Enter complete and correct information				Check one	
	Full Name of Driver	Driver's Date of Birth	Driver's CDL License Number	Date of Test or Refusal to Test	Positive Controlled Substance Test	Refusal to Test for Controlled Substance
1						
2						
3						
4						
5						
6						
7						
8						
9						

**Mail or fax completed form with signed MRO's Controlled Substance Test Report to:**

Commercial Drivers' License Unit  
MVD - Controlled Substance Reporting  
P.O. Box 1028 Santa Fe, NM 87504

Fax: 505-476-1578