

NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION  
DIVISION OF MOTOR VEHICLES

**REFUSAL TO SUBMIT TO A FEDERAL DRUG OR ALCOHOL TEST**

PURSUANT TO \*G.S. 20-37.19(c) AND G.S. 20-396 THE UNDERSIGNED EMPLOYER HEREBY NOTIFIES THE DIVISION OF MOTOR VEHICLES THAT THE INDIVIDUAL BELOW REFUSED TO BE TESTED FOR DRUGS OR ALCOHOL AS REQUIRED BY FEDERAL REGULATIONS.

**\*Do not include Pre-Employment Refusals  
Attach confirmation from Testing Agency if applicable**

Employee's Name \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Employee's Address \_\_\_\_\_

Name of Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Telephone No. of Employer (\_\_\_\_) \_\_\_\_\_ Employer Contact Name \_\_\_\_\_

Type of Company ( ) Commercial ( ) Transit Driver ( ) Government ( ) School Bus Program

**\*\*Date of Refusal** \_\_\_\_\_ **\*\*Type of Test Refused:**  Alcohol  Drug

**\*\*Reason for Test:**  Random  Reasonable Suspicion  
 Post-Accident  Return to Duty  Follow-up

**Send To:** NC DMV  
Commercial Drivers License Unit  
3117 Mail Service Center  
Raleigh, NC 27699-3117

**Or Fax to:** (919) 861-3302  
**(If faxed, mail the original to the above address)**

\* G.S. 20-37.19. Employer Responsibilities  
(c) The employer of any employee who tests positive in a drug or alcohol test required under 49CFR Part 382 Part 655 shall notify the Division of Motor Vehicles in writing within five business days following the employer's receipt of confirmation of a positive drug test. The notification shall include the driver's name, address, drivers license number, social security number, and results of the drug or alcohol test.

\*G. S. 20-396. Unlawful Motor Carrier Operations

**\*\*THIS INFORMATION IS REQUIRED**