



Positive/Refused Drug/Alcohol Test Report by Employer

Employers use this form to report a positive or refused drug or alcohol test by a driver. **A positive test result must include a copy of our Positive/Refused Drug/Alcohol Test Report (DR-500-013) completed by the Medical Review Officer/Breath Alcohol Technician.** When completed, mail or fax this form and any required attachments to:

Suspensions
Department of Licensing
PO Box 9030
Olympia, WA 98507-9030

Fax: (360) 570-7826

Driver name (Last, First, Middle Initial)			
Driver license number	Date of birth	Last 4 digits of Social Security number Used for identification purposes. 42 USC 405(c)(2)(C). XXX-XX-	
Employer/Motor carrier/Consortium name			
Employer/Motor carrier/Consortium mailing address		City	State ZIP Code
(Area code) Employer telephone number		Employer email address	
Reason for selection <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable suspicion <input type="checkbox"/> Post accident <input type="checkbox"/> Return to duty <input type="checkbox"/> Follow-up			
Test results The driver above has: <input type="checkbox"/> Tested positive for drugs/alcohol on _____ (attach report DR-500-013) <small style="margin-left: 150px;">Date (mm/dd/yyyy)</small> <input type="checkbox"/> Refused test on _____ by: <input type="checkbox"/> Failed to appear for testing <small style="margin-left: 100px;">Date (mm/dd/yyyy)</small> <input type="checkbox"/> Based on Positive/Refused Drug/Alcohol Test Report (attach report DR-500-013) <input type="checkbox"/> Other: _____ _____ _____			

As the employer, motor carrier, or consortium, having a program subject to federal requirements under 49 CFR 40 or 655, I declare under penalty of perjury under the laws of the state of Washington that on the date of this test the foregoing and any attachments and information contained therein is true and correct.

PRINT or TYPE name	Title
X	
Date and place	Signature of employer, motor carrier, or consortium

RCW 46.25.123

DR-500-005 (R/12/13)WA

*We are committed to providing equal access to our services.
If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.*

