

NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES

Positive Drug Test Report for Current Employee/Applicant

Pursuant to *G.S. 20-37 .19(c) the Undersigned Employer hereby notifies the Division of Motor Vehicles that the individual below tested positive for drugs or alcohol. Also attached are results from testing agency.

Attach Results from Testing Agency

Employee/Applicant Name _____

Driver License Number _____

Social Security Number _____

Employee/Applicant Address _____

Name of Employer _____

Employer Address _____

Phone Number of Employer _____

Employer Contact Name _____

Type of Company Commercial Transit Driver Government School Bus Program

**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)**

**Or Email to: cdlunit@ncdot.gov
(If email, 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**