



SAFETY CONSULTANTS, INC.

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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Part 382, Title 49, Code of Federal Regulations

I HEREBY GRANT AUTHORITY TO THE MANAGEMENT OF TLC TRANSPORTATION MANAGEMENT/SAFETY CONSULTANTS, INC. FOR RELEASE OF THE INFORMATION INDICATED BELOW TO:

NAME OF CONTACT: _____

COMPANY: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: () _____ FAX: () _____

CONSORTIUM MEMBER INFORMATION:

COMPANY NAME: _____ ACCT No.: _____

SIGNED: _____ DATE: _____

CONSORTIUM VERIFICATION OF ACCOUNT / RECEIPT OF AUTHORIZATION

SIGNED: _____ DATE: _____

CHECK (✓) APPROPRIATE BOX(ES) FOR INFORMATION TO BE RELEASED:

(✓) ANY CANCELLATION OF MY MEMBERSHIP IN THE SUBSTANCE ABUSE/ALCOHOL MISUSE TESTING CONSORTIUM.

(✓) AS AN OWNER/OPERATOR AS DEFINED IN SECTION 34624, CALIFORNIA VEHICLE CODE, ANY REPORTED POSITIVE TEST RESULTS.