



CONSENT FORM
DRUG TEST PROGRAM COMPLIANCE
AND
MOTOR VEHICLE REPORT

I _____, hereby give my consent to my current employer _____ to provide to EICA the following information: (check the box/es for the information that is/are covered by this consent form)

- A) Has passed a pre-employment drug test, is currently covered by our Drug Test Program, and has not failed a drug test in the last 30 days.
- B) Is a current employee and has requested a Motor Vehicle Report (MVR), that affirms a current CDL Medical Card is on file, be provided to EICA.

Name of Employer Representative (print)

Signature

Date