

**EMPLOYER NAME/LOGO**

**Acknowledgment of Receipt of DOT Drug & Alcohol Policy and Educational Materials**

I acknowledge that I have received a copy of my employer's **DOT Drug and Alcohol Testing Policy** and required educational materials in accordance with **49 CFR §382.601**.

I understand that these materials explain the Federal Motor Carrier Safety Administration (FMCSA) requirements governing drug and alcohol use and testing for safety-sensitive employees, including prohibited conduct, testing requirements, and the consequences of violations.

I understand that compliance with these requirements and the company's policy is a condition of performing safety-sensitive duties.

I further understand that it is my responsibility to read and understand the contents of these materials, and that I may ask my employer or designated representative if I have any questions.

I acknowledge that the information contained in the policy is subject to change, and that any updates will be provided to me in accordance with applicable DOT regulations.

I further understand that the information contained in the policy dated \_\_\_\_\_ is subject to change, and that any such changes or addendum, shall be disseminated in a manner consistent with the provisions of **49 CFR §382.601**.

\_\_\_\_\_  
**(Print Name)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**