



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

CERTIFICATE OF MOTOR CARRIER

NAME OF MOTOR CARRIER

NAME OF INDIVIDUAL TESTED

SOCIAL SECURITY NUMBER

By signing below, I certify the following:

1. The motor carrier listed above:

Has an in-house drug and alcohol testing program that meets the federal requirements of 49 C.F.R. part 382; or

Is a member of a consortium, as defined in 49 C.F.R. 382.107, that provides drug and alcohol testing that meets the federal requirements of 49 C.F.R. part 382.

NAME OF CONSORTIUM: _____

2. The individual tested is subject to drug testing by the Motor Carrier.

I further certify that I have reviewed the motor carrier's records and that the information contained in this certificate is true and correct to the best of my knowledge.

PRINTED NAME OF DESIGNATED MOTOR CARRIER REPRESENTATIVE

MOTOR CARRIER ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE OF DESIGNATED MOTOR CARRIER REPRESENTATIVE

DATE

X