

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)**

**\* 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**