

**AUTHORIZATION TO OPERATE A COMMERCIAL MOTOR VEHICLE  
WHILE USING A CONTROLLED SUBSTANCE**

\_\_\_\_\_ is an employee of the University of Minnesota. S/he holds a Commercial Drivers License (CDL) and drives a Commercial Motor Vehicle (CMV) with a gross vehicle weight rating (GVWR) of 26,001 pounds or more.

This employee is subject to federal drug and alcohol regulations under the U.S. Department of Transportation (DOT). DOT regulations (49 CFR Part 382) do not permit a driver to operate a Commercial Motor Vehicle while using a controlled substance unless the prescribing licensed medical practitioner has told the driver that s/he can safely operate a Commercial Motor Vehicle while taking this medication.

The University of Minnesota will permit this driver to drive ONLY after we have received this signed statement. Without it, we will not permit this driver to drive.

49 CFR Part 382.213(c) gives FMCSA-covered employers the authority to obtain this information. (“An employer may require a driver to inform the employer of any therapeutic drug use.”)

**AUTHORIZATION TO DRIVE**

I am a licensed medical practitioner and I understand that \_\_\_\_\_ is a driver subject to U.S. Department of Transportation regulations, and that s/he operates a Commercial Motor Vehicle that has a GVWR of 26,001 or more pounds.

For medical reasons, I have prescribed \_\_\_\_\_, which contains a controlled substance.

To my knowledge, this driver takes no other prescription medications containing a controlled substance.

It is my determination that this driver may safely operate a Commercial Motor Vehicle while using the medication(s) listed above.

\_\_\_\_\_  
Licensed Medical Practitioner (Print Name)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OR:**

**By my signature below, I am indicating that I currently am not using any prescription medications that contain a controlled substance. I understand that if I am required to take a prescription that contains a controlled substance in the future, I will submit a revised form, as stated in University of Minnesota’s policy for DOT-covered employees.**

\_\_\_\_\_  
Employee’s signature

\_\_\_\_\_  
Date

*Note to driver:* When completed, please submit this form directly to University Health and Safety, Attn: Tricia/Percy. US Mail: Thompson Center for Environmental Management, 501 23<sup>rd</sup> Ave. SE, Minneapolis, MN 55455. Confidential fax: 612-626-9643. Questions? Contact Tricia Van Ee Molbert (612-626-5886 or [vane0080@umn.edu](mailto:vane0080@umn.edu)) or Percy Chism (612-626-0107 or [chism007@umn.edu](mailto:chism007@umn.edu)).