

Assessment/Treatment Report for DOT Positive Test

A Department of Transportation qualified Substance Abuse Professional (SAP) can use this form to report drug/alcohol assessment/treatment activities. When completed, mail or fax this form and any required attachments to:

**Driver Records
Department of Licensing
PO Box 9030
Olympia, WA 98507**

Fax: (360) 570-7826

PRINT or TYPE Driver name <i>(Last, First, Middle)</i>			
Driver license number		Date of birth	
SAP name			(Area code) SAP telephone number
SAP mailing address			
City	State	ZIP code	Email address
Qualification <input type="checkbox"/> I am a Department of Transportation qualified Substance Abuse Professional meeting the requirements of 49 CFR Part 40.281.			
Check all that apply <input type="checkbox"/> I am reporting a drug/alcohol assessment.			
<input type="checkbox"/> This driver is satisfactorily participating in drug/alcohol treatment/education.			
<input type="checkbox"/> This driver successfully completed drug/alcohol treatment/education on _____ Date (mm/dd/yy)			

I certify under penalty of perjury under the laws of the state of Washington that the foregoing and any attachments and information contained herein is true and correct.

	PRINT name	Title
Date and place signed	X	Signature of Substance Abuse Professional

