

## 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

<b>PRINT or TYPE</b> Driver name <i>(Last, First, Middle)</i>			
Driver license number		Date of birth <i>(mm/dd/yyyy)</i>	
Substance abuse professional (SAP) name			SAP (Area code) 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 _____ <div style="text-align: right; font-size: small;">Date <i>(mm/dd/yyyy)</i></div>			

*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.*

Date and place	<b>X</b>	Signature of substance abuse professional
----------------	----------	---