

## Positive/Refused Drug/Alcohol Test Report by Employer

Employers use this form to report a positive or refused drug or alcohol test by a driver. A positive test result must include a copy of our <a href="Positive/Refused Drug/Alcohol Test Report">Positive/Refused Drug/Alcohol Test Report</a> (DR-500-013) completed by the Medical Review Officer/Breath Alcohol Technician. When completed, mail or fax this form and any required attachments to:

Suspensions
Department of Licensing
PO Box 9030
Olympia, WA 98507-9030

Fax: (360) 570-7826

Driver name (Last, First, Middle Ini	tial)				
Driver license number	Date of birth	Last 4 digits of Social Security number Used for identification purposes. 42 USC 405(c)(2)(C). XXX-XX-		XX-	
Employer/Motor carrier/Consortium	n name	The second secon			
Employer/Motor carrier/Consortium mailing address		City	State	ZIP Code	
(Area code) Employer phone number		Employer email address	Employer email address		
Reason for selection  Pre-employment  R	andom □ Reasonable s	uspicion □ Post accider	nt □ Return to duty	☐ Follow-up	
Test results The driver above has: ☐ Tested positive for drug ☐ Refused test on ☐ Date (mr.)	by: ☐ Failed to a☐ Based on F		hol Test Report (attach	report DR-500-013)	
As the employer, motor ca 49 CFR 40 or 655, I declar the foregoing and any atta	e under penalty of perjur	y under the law of Washi	ngton that on the da		
	PRINT	or TYPE name	Title		
D. ( )	<b>X</b>				
Date and place	Signatu	Signature of employer, motor carrier, or consortium			

RCW 46.25.123

DR-500-005 (R/12/13)WA

