**EMPLOYER NAME/LOGO**

**Acknowledgement of Employer’s Drug and Alcohol Testing Policy**

I acknowledge that I have received a copy of the anti-drug and alcohol misuse program policy mandated by the U.S. Department of Transportation (DOT), Federal Transit Administration (FTA) for all covered employees who perform a safety-sensitive function. I understand that compliance with all provisions contained in the policy is a condition of employment.

I further understand that the information contained in the policy dated is subject to change, and that any such changes or addendum, shall be disseminated in a manner consistent with the provisions of 49 CFR Part 655.

**(Print Name) (Signature) (Date)**