**EMPLOYER NAME/LOGO**

**Acknowledgement of Prohibited Drug Awareness Training**

**For Safety-Sensitive Employees**

In accordance with Federal Transit Administration (FTA) Rule 49 CFR Part 655.14(b), I acknowledge that I have received at least 60 minutes of training on the effects and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use.

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