

**CONFIDENTIAL**

**SUBSTANCE ABUSE PROFESSIONAL REFERRAL  
EMPLOYEE NOT PRESENT**

*If the employee **is not present** to sign the Substance Abuse Professional Referral letter, send this form to the employee utilizing **certified mail**.*

Employee/Applicant Full Name: \_\_\_\_\_

Employee/Applicant Identification Number: \_\_\_\_\_

This letter serves to notify that the aforementioned individual was in violation of DOT drug and alcohol regulations (49 CFR Part 655 and/or 40) on \_\_\_\_\_. In accordance with 49 CFR Part 655.62, this agency is required to advise the individual of the resources available for evaluating and resolving problems associated with prohibited drug use and/or alcohol misuse.

The following Substance Abuse Professional(s) is available for the individual:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Substance Abuse Professional Referral:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Agency Representative Full Name, Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date