



FMCSA CLEARINGHOUSE ACCOUNT CONSENT

I, _____, grant ZANE GRACE CONSTRUCTION permission to perform unlimited queries to the FMCSA Drug & Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

Email: _____

Phone Number: _____

CDL #: _____

DOB: _____

Signature: _____

Print Name: _____

Date: _____