



Assessment/Treatment Report for DOT Positive Test

A Department of Transportation qualified substance abuse professional (SAP) can use this form to report drug/alcohol assessment/treatment activities. When completed, mail or fax this form and any required attachments to:

Driver Records
Department of Licensing
PO Box 9030
Olympia, WA 98507

Fax: (360) 570-7826

PRINT or TYPE Driver name <i>(Last, First, Middle)</i>			
Driver license number		Date of birth <i>(mm/dd/yyyy)</i>	
Substance abuse professional (SAP) name			SAP (Area code) Phone number
SAP mailing address			
City	State	ZIP code	Email address
Qualification <input type="checkbox"/> I am a Department of Transportation qualified substance abuse professional meeting the requirements of 49 CFR Part 40.281.			
Check all that apply <input type="checkbox"/> I am reporting a drug/alcohol assessment.			
<input type="checkbox"/> This driver is satisfactorily participating in drug/alcohol treatment/education.			
<input type="checkbox"/> This driver successfully completed drug/alcohol treatment/education on _____ <div style="text-align: right;"><small>Date (mm/dd/yyyy)</small></div>			

I certify under penalty of perjury under the law of Washington that the foregoing and any attachments and information contained herein is true and correct.

Date and place	X	Signature of substance abuse professional
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