

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
DOT/USCG PERIODIC DRUG TESTING FORM

OMB No. 1625-0040
Exp. Date: 01/31/2016

INSTRUCTIONS: This form MAY be used to satisfy the requirements for "Periodic Drug Testing" in accordance with Title 46 CFR 16.220. If you participate in a USCG "random or pre-employment drug test program," this form may not be necessary. (See page 2 for details.)
NOTE: The cost of the drug test is the sole responsibility of the applicant, not the Coast Guard.

Section I: Applicant Consent

I certify that I am the described applicant and that I have provided the specimen(s) described below in accordance with Department of Transportation procedures given in 49 CFR 40. I also understand that making in any way, a false or fraudulent statement, entry, or evidence is a violation of the U.S. Criminal Code at Title 18 U.S.C. 1001 which subjects the violator to federal prosecution and possible incarceration, fine, or both.

| | | | | |
|--|----------------------|----------------------|----------------------------------|------------------------|
| Name Last | First | Middle | Reference Number (if applicable) | Social Security Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signature of Applicant | | | Date (MM/DD/YYYY) | |
| <input checked="" type="checkbox"/> <input type="text"/> | | | <input type="text"/> | |

Section II: Name of SAMHSA Accredited Laboratory

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Name | Street Address | City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION III: Medical Review Officer

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| Date Specimen Collected (MM/DD/YYYY) <input type="text"/> | The laboratory report has been reviewed in accordance with procedures given in 49 CFR Part 40, Subpart G, and the verified test results are: <i>(CHECK ONE)</i> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE/SUBSTITUTED/ADULTERATED or <input type="checkbox"/> INVALID TEST <i>(Test Cancelled)</i> <i>(Please complete the next block for all non-negative results)</i> |
| Specimen Analyzed For (DOT 5 Panel) <ul style="list-style-type: none">• Marijuana metabolite• Cocaine metabolites• Opiates metabolites• Phencyclidine• Amphetamines | |

FOR POSITIVE/ADULTERATED/CANCELLED DRUG TESTS ONLY: *(To be reported to the nearest USCG Marine Safety Office). (Please print)*

This specimen is verified POSITIVE for

This specimen was identified as being SUBSTITUTED or containing the ADULTERANT

The test was CANCELLED because *(insert reason)*

I certify that I meet qualifications for a Medical Review Officer as outlined in Title 49 CFR 40.121. I have reviewed the results and determined that the applicant's verified test result is in accordance with Title 49 CFR 40 Subpart G.

| MEDICAL REVIEW OFFICER CONTACT INFORMATION | | | MEDICAL REVIEW OFFICER AUTHORITY | | |
|--|----------------------|----------------------|--|----------------------|----------------------|
| Name Last | First | Middle | Name Last | First | Middle |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street Address | | | Signature <i>(MRO signature stamp is authorized for negative results only)</i> | | |
| <input type="text"/> | | | <input type="text"/> | | |
| City | State | Zip Code | Name of MRO Qualifying Organization | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Phone: | <input type="text"/> | | Registration Number Issued by Qualifying Organization: | <input type="text"/> | |

DOT/USCG PERIODIC DRUG TESTING FORM

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| REQUIREMENTS | <ul style="list-style-type: none"> A drug test is required for all transactions EXCEPT endorsements, documents of continuity, duplicates, and STCW certificates. Only a DOT 5 Panel (SAMHSA 5 Panel, formerly NIDA 5), testing for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines will be accepted. |
| OPTION I PERIODIC TESTING PROGRAM | <ul style="list-style-type: none"> A USCG drug test conducted within the past 185 days by a laboratory accredited by Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services. COLLECTION of a urine sample may be conducted by an independent medical facility, private physician or at an employer-designated site as long as the collection agent meets the qualification requirements to be a collection agent given in Title 49 CFR Part 40.30. It is CRITICAL that the sample is sent to an accredited SAMHSA laboratory for ANALYSIS or the drug test is invalid. The ORIGINAL results are required. A FACSIMILE is acceptable, if it is originated from the Medical Review Officer (MRO) or the Service Agent assisting the mariner, and sent directly from the office. The drug test result must be signed and dated by the MRO or by a representative of the service agent who assisted you in meeting this requirement. |
| OPTION II RANDOM TESTING | <p>EXAMPLE (From Mariner Employers): <i>APPLICANT'S NAME/SSN</i> has been subject to a random testing program meeting the criteria of Title 46 CFR 16.230 for at least 60 days during the previous 185 days and has not failed nor refused to participate in a chemical test for dangerous drugs.</p> <p>EXAMPLE (Active Duty Military/Military Sealift Command/N.O.A./Army Corps of Engineers): <i>APPLICANT'S NAME/SSN</i> has been subject to a random testing program with no subsequent positive drug test results during the remainder of the six month period.</p> |
| OPTION III PRE-EMPLOYMENT TESTING | <ul style="list-style-type: none"> An ORIGINAL DATED letter on mariner employer stationery signed by a company official, stating that you have passed a pre-employment chemical test for dangerous drugs within the past 185 days. <p>EXAMPLE: <i>APPLICANT'S NAME/SSN</i> passed a chemical test for dangerous drugs, required under Title 46 CFR 16.210 within the previous six months of the date of this letter with no subsequent positive drug test results during the remainder of the six month period.</p> |

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 301; 14 U.S.C. 632; 46 U.S.C. 2103, 7101, 7302, 7305, 7313, 7314, 7316, 7317, 7319, 7502, 7701, 8701, 8703, 9102; 46 C.F.R. 12.02; 49 C.F.R. 1.45, 1.46

Purpose: The principal purpose for which this information will be used is to determine domestic and international qualifications for the issuance of merchant mariner credentials. This includes establishing eligibility of a merchant mariner's credential, duplicate credentials, or additional endorsements issued by the Coast Guard and establishing and maintaining continuous records of the person's documentation transactions.

Routine Uses: The information will be used by authorized Coast Guard personnel with a need to know the information to determine whether an applicant is a safe and suitable person who is capable of performing the duties of the Merchant Mariner. The information will not be shared outside of DHS except in accordance with the provisions of DHS/USCG-030 Merchant Seamen's Records System of Records, 74 FR 30308 (June 25, 2009).

Disclosure: Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may result in non-issuance of the requested credential.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for this report is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.