

NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION  
DIVISION OF MOTOR VEHICLES

**Positive Drug Test Report for Current Employee**

Pursuant to \*G.S. 20-37.19(c) the Undersigned Employer hereby notifies the Division of Motor Vehicles that the individual below tested positive for drugs or alcohol. Also attached are results from testing agency.

**\*Do Not Report Pre-Employment Testing\***

**\*Attach Results from Testing Agency\***

Employee Name \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employee Address \_\_\_\_\_

Name of Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Phone Number of Employer \_\_\_\_\_

Employer Contact Name \_\_\_\_\_

**Send to:**

NC DMV  
Information Processing Unit  
3120 Mail Service Center  
Raleigh, NC 27697-3120

**Or Fax to:** 919-733-0625

**(If faxed mail original to above address)**

**\* § 20-37.19. Employer Responsibilities.**

*(c) The employer of any employee who tests positive in a drug or alcohol test required under 49 C.F.R. Part 382 and 49 C.F.R. Part 655 shall notify the Division of Motor Vehicles in writing within five business days following the employer's receipt of confirmation of a positive drug test. The notification shall include the driver's name, address, drivers license number, social security number, and results of the drug or alcohol test."*