



UNIVERSITY of HAWAII®  
**LEEWARD**  
COMMUNITY COLLEGE

Aloha CDL Applicant,

Please see inside your registration folder the form called **“PARTICIPANTS INFORMATION SHEET”**. This sheet details what you will need to get registered in this course under **“STUDENT DOCUMENTS NEEDED”**.

**Do not concern yourself with the documents listed under Instructor’s section. Your instructor will take care of these documents.**

If you have any questions, please feel free to contact me. My contact information is:

Michael Scully

Email: [mscully@hawaii.edu](mailto:mscully@hawaii.edu).

**Good luck acquiring the necessary documents and your Class A permit. We look forward to seeing you in the next COMMERCIAL MOTOR VEHICLE TRAINING class.**

Sincerely

Michael Scully  
Co-Coordinator CDL program  
CDL Instructor

# Participant Information Sheet

## PARTICIPANT INFORMATION

|                |         |                   |
|----------------|---------|-------------------|
| Name (Print)   |         | Driver's License# |
| Course Number: |         |                   |
| Phone #1       | Phone#2 | Email             |

### OFFICE USE ONLY BELOW THIS LINE

#### \*\* Student Documents Needed\*\*

- Driver History Report
- Urinalysis & Breath Analysis Consent Form
- Medical Examiners Certificate
- Controlled Substances Test Results by Clinical Laboratories of Hawaii
- CDL Class A Permit

#### Instructor's Section

- Assumption of Risk and Release signed by the student
- Student Progress Sheet
- Leeward Community College Professional Development Certificate Awarded
- Achievement of Class A License

#### \*\*Confirmations\*\*

- Confirmation of Registration or Receipt
- Non-Credit Registration Form
- Any Tuition Assistance Documents (if applicable)
- Acceptance Letter
- Test Score Letter (if applicable)
- GM Test (if applicable)

**Urinalysis and Breath Analysis Consent Form  
and  
Certificate Of Receipt of Leeward Community College's Commercial Motor Vehicle  
(CMV)  
Operation Training Program's Drug and Alcohol Policy  
Statement**

- I understand that as required by the Federal Highway Administration Regulations, Title 49 Code of Federal Regulations, Section 382.301, all driver-applicants of this employer must be tested for controlled substances as a pre-condition for employment.
- I consent to the urine sample collection and testing for controlled substances.
- I understand that a verified positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.
- The medical review officer will maintain the results of my controlled substance test. Negative and positive results will be reported to the employer. If the results are positive, the controlled substance will be identified.
  - The results will not be released to any other parties without my written authorization.

**I understand the above conditions and hereby agree to comply with them and I received a copy of the  
Leeward Community College's (CMV) Operation Training Program's Drug and Alcohol Policy Statement.**

|              |                   |
|--------------|-------------------|
| Name (Print) | Driver's License# |
| Signature    | Date              |



# Controlled Substances Test Results Notification Form

**Purpose of Form:** The alcohol and controlled substances testing regulations require the employer to notify a driver of a verified positive controlled substance test result following a random, reasonable suspicion, post-accident, return-to-duty, or follow-up test. In the case of a pre-employment controlled substance test, a driver-applicant requesting results within 60 days of notification of the disposition of his or her employment application must be notified of the results by the employer (49 CFR 382.411a).

**EMPLOYER - COMPLETE THE FOLLOWING:**

|   |  |                       |
|---|--|-----------------------|
| Name (Print)  |  | Date (Month/Day/Year) |
| Type of Test:   | <input type="checkbox"/> Pre-employment <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Random<br><input type="checkbox"/> Post-accident <input type="checkbox"/> Return-to-duty <input type="checkbox"/> Follow-up |                       |
| Test Results:   | <input type="checkbox"/> <b>Negative</b> <input type="checkbox"/> <b>Positive</b>  |                       |
| If the driver is an employee who has tested positive, indicate the drug identified: |  |                       |
|   | <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin<br><input type="checkbox"/> Amphetamines <input type="checkbox"/> Phencyclidine <input type="checkbox"/> Other: _____                  |                       |

|   |                       |
|---|-----------------------|
| <b>I have received the above test results.</b>      |                       |
| Signature   | Date (Month/Day/Year) |
| Witnessed by (Signature of Employer Representative) | Date (Month/Day/Year) |
| Title   |                       |

**DATE:** \_\_\_\_\_

