



# South Carolina Department of Motor Vehicles

## RESULTS OF CDL DRUG OR ALCOHOL TESTING

CDL-18  
(Rev. 8/15)  
Page 1 of 2

Section 56-1-2220 of the SC Commercial Drivers License Drug Testing Act requires that all employers report to the SC Department of Motor Vehicles within three business days if an employee refuses to submit to a drug and/or alcohol test, tests positive for drugs and/or alcohol, or submits an altered drug and/or alcohol test. (See statute on page 2 for specifics.)

Applicant or  Employee Name (Check appropriate box): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employee/Applicant Address: \_\_\_\_\_

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

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

Phone Number of Employer: \_\_\_\_\_ Employer FEIN or SSN: \_\_\_\_\_

Employer Contact Name: \_\_\_\_\_ US or State DOT#: \_\_\_\_\_

- Reason for Test:**
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Random               | <input type="checkbox"/> Follow-Up  | <input type="checkbox"/> Post-Accident |
| <input type="checkbox"/> Return to Duty       | <input type="checkbox"/> Pre-Employment – Process started at testing site           |  |
| <input type="checkbox"/> Reasonable Suspicion | <input type="checkbox"/> Pre-Employment – Process was never started at testing site |  |

**Outcome of Test:**

- |                                   |   |                                  |                                  |                               |
|-----------------------------------|---|----------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> Refusal  | <input type="checkbox"/> Refusal Date: _____  | Type of Test Refused:            | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Drug |
| <input type="checkbox"/> Positive | <input type="checkbox"/> Positive Date: _____ | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Drug    |                               |
| <input type="checkbox"/> Altered* | <input type="checkbox"/> Altered Date: _____  | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Drug    |                               |

\*"Altered" includes an adulterated specimen, a diluted positive specimen or a substituted specimen. It does not include a diluted negative.

I CERTIFY under penalty of perjury that all information in this application is true and correct as of the date of this application.

\_\_\_\_\_  
Employer or Designee Signature

\_\_\_\_\_  
Date

\* ALL FIELDS ARE REQUIRED TO BE COMPLETED \*

**Send To:** SC DMV  
Commercial Driver's License Help Desk  
PO Box 1498  
Blythewood, SC 29016-0028  
803-896-2673

The Employer must maintain a record of the notification on each employee or applicant for three years.



# South Carolina Department of Motor Vehicles

## RESULTS OF CDL DRUG OR ALCOHOL TESTING

CDL-18  
(Rev. 8/15)  
Page 2 of 2

### Instructions for completing the CDL-18 Form

Section 56-1-2220 of the SC Commercial Drivers License Drug Testing Act requires that all employers report to the SC Department of Motor Vehicles within three business days if an employee refuses to submit to a drug and/or alcohol test, tests positive for drugs and/or alcohol, or submits an altered drug and/or alcohol test. (See statute, below, for specifics.)

In order for the SC Department of Motor Vehicles to enter a disqualification for an applicant or employee who refuses to submit to, tests positive for or submits an altered drug and/or alcohol test, the following information **MUST** be received. Failure to comply with these instructions will delay the required disqualification.

1. Check the appropriate box:
  - a. Select Applicant if this is for a new applicant
  - b. Select Employee Name if this is an existing employee of the company
  - c. Enter the Applicant or Employee's full name
2. Enter the Driver's License Number of the Applicant or Employee
3. Enter the State where the Driver's License was issued
4. Enter the Applicant or Employee's social security number
5. Enter the address of the Applicant or Employee
6. Enter the full name of the Employer
7. Enter the Employer's address
8. Enter the Employer's phone number
9. Enter the Employer's Federal Employer Identification Number or Social Security Number
10. Enter the Employer Contact Name (this is the name of the person whom SCDMV can contact to answer questions regarding the information on this form)
11. Enter the company's US or State DOT number

**Reason for Test:** Select one reason why the test was administered.

**Select the outcome of the test:** Refusal, Positive or Altered and complete the date of the test and type of test (Alcohol and/or Drug)

#### Sign and Date Form

**SECTION 56-1-2220.** Providing and testing specimens; reports of refusal to provide and results of tests to employer and department; records; admissibility of test results. (A) All employers shall report to the Department of Motor Vehicles within three business days a refusal by an employee or applicant made to the employer to provide a specimen for a drug or alcohol test under circumstances that constitute the refusal of a test under 49 C.F.R. 40. (B) All medical review officers or breath alcohol technicians hired by or under contract to an employer shall report to the employer within three business days: (1) a verified positive drug test or positive alcohol confirmation test of an employee or applicant; (2) a refusal by an employee or applicant to provide a specimen for a drug or alcohol test under circumstances that constitute the refusal of a test under 49 C.F.R. 40; or (3) the submission of an adulterated specimen, a diluted positive specimen, or a substituted specimen by an employee or applicant. (C) Employers shall make it a written condition of their contract or agreement with a medical review officer or breath alcohol technician, regardless of the state where the medical review officer or breath alcohol technician is located, that the medical review officer or breath alcohol technician is required to report to the employer the information required by subsection (B). (D) Upon receipt of the notification from a medical review officer or a breath alcohol technician, employers shall report to the department within three business days: (1) a verified positive drug test or positive alcohol confirmation test of an employee or applicant; (2) a refusal by an employee or applicant made to a medical review officer or breath alcohol technician to provide a specimen for a drug or alcohol test under circumstances that constitute the refusal of a test under 49 C.F.R. 40; or (3) the submission of an adulterated specimen, a diluted positive specimen, or a substituted specimen by an employee or applicant. (E) The notification required by this section must be made in a manner approved by the department and must include on the notification submitted to the department a coding method that indicates whether the person who is the subject of the notification is an employee or applicant. (F) An employer must maintain a record of the notification to the department on each employee or applicant for three years. (G) The records required by this section are subject to inspection by the Department of Public Safety. (H) Evidence included in a person's motor vehicle record that indicates the person tested positive on a drug or alcohol confirmation test, refused to submit to a drug or alcohol confirmation test, or submitted a diluted or adulterated specimen is not admissible in any action unless probative to demonstrate that the person was under the influence of drugs or alcohol at the time of an accident that is the subject of the action.