

**CITY DRUG AND ALCOHOL POLICY FOR CDL DRIVERS  
&  
CDL DRIVER'S HANDBOOK RECEIPT**

I certify that in accordance with 49 CFR Part 382.601 (b) (1-10), I have received a copy of the City of Pittsburgh Drug and Alcohol Policy for CDL Drivers and a CDL Driver's Handbook. I acknowledge that I am responsible for reading and understanding the information contained therein and I agree to be bound by the City's drug and alcohol policy for CDL drivers. If there is anything in the materials that I do not understand or if I have any questions regarding this policy, I will contact:

Department of Personnel & Civil Service Commission  
Room 431 City-County Building  
Pittsburgh, PA 15219  
(412) 255-2681

\_\_\_\_\_  
Employee's Name (Print)

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

\_\_\_\_\_  
Department

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Representative's Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Representative's Signature

White – Personnel & CSC  
Yellow – Department  
Pink – Employee  
PCSC Rev. 6/2004  
I://Public/Forms/CityDrug and Alcohol Policy for CDL Drivers