

PERMISSION TO OBTAIN DRIVING RECORD

I understand that as a normal part of the hiring process the driving records of all prospective employees are reviewed. In addition, I understand that my driving record is subject to future, periodic reviews. By completing and signing this form I give permission to company name and its insurance agent to obtain and review a copy of my driver license (MVR) record both now and in the future.

Please print:

First Name

MI

Last Name

Address

City

State

Zip

Date of Birth

Driver License Number

State

Signature

Date