



Motor Vehicle Record Authorization

It is understood that my job position/employment requires me to drive a Company owned vehicle or my own car on company business. I understand that the insurance company writing your automobile insurance requires a copy of my current driving record to assess my insurability. Further, I understand that my employment with this company may be contingent upon having an acceptable driving record.

By signing this letter I hereby authorize the insurance company and/or its agent to obtain the necessary Motor Vehicle Record. I may also request a copy of my Motor Vehicle Record.

Print Name: _____

Drivers License #: _____ State of Issue: _____

Date of Birth: _____

Employee/Applicant Signature: _____

Date: _____