Motor Vehicle Report
Consent and Authorization

Date: _____
Company Address: _____
Contact Name: _____
Phone: _____
Email: _____
Fax: _____

I hereby consent and authorize [THE COMPANY] to obtain a copy of my Motor Vehicle Report (MVR) from a consumer reporting agency or agencies.

I understand that [THE COMPANY] may not obtain a copy of my MVR unless I authorize it to do so.

I understand [THE COMPANY] may use the MVR for employment purposes, including without limitation, for the purposes of evaluating me for employment, driving as a company representative, promotion, reassignment and retention as an employee, at any time during my employment.

I understand that any personal information requested, including date of birth, is requested solely for identification purposes.

_____

Driver Signature Printed name Date

_____ _____/_____/_____

First Name Date of Birth

_____ _____

Last Name Middle Initial

_____

Maiden Name or Other Names Used

_____ _____

Driver's License No. State

_____

Current Address

_____ _____ _____

City State Zip Code