

- New Employee
 Returning Employee: Year last employed _____

**Federal Drivers Privacy Protection Act
Authorization to Obtain Motor Vehicle Report**

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I (Name of Employee) _____ authorize Harding Brooks Associates LLC to obtain my Motor Vehicle Record for insurance underwriting/eligibility purposes . I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents, which may be on record through the Department(s) of Motor Vehicles.

I also authorize release of this insurance underwriting/eligibility information to my employer. (or proposed employer.)

Signature of Employee (or potential employee)

Name (Printed) _____

Drivers License Number **State** **Date of Birth**

Street Address & Mailing Address

City _____ **State** _____ **Zip** _____

Date Signed: _____

*Personal information means information that identifies an individual including an individual's photograph, driver identification number, name, address and telephone number.