



**US Department
of Transportation**

Federal Motor Carrier
Safety Administration

**1200 New Jersey Avenue, SE
Washington, DC 20590**

Privacy Waiver & Certification of Identity

Complete box 1 and sign the form below if requesting information to be released to self.
Complete boxes 1 and 2 and sign the form if releasing records to a third party.

Check this box if you are requesting your Driver Information Resource records available via the FMCSA-Pre-Employment Screening Program.

1

Full Name: _____

Aliases used: _____

Date of Birth: _____

Home Address: (Include City, State and Zip Code)

Email: _____

Telephone: _____

2

I hereby waive my right to privacy, and I authorize the Federal Motor Carrier Safety Administration to release any and all information relating to me to:

(Name, address & phone of attorney or other designee)

Under penalty of perjury, I hereby declare that I am the person described above and understand that any falsification of this statement is punishable under the provisions of Title 18, United States Code (U.S.C.), Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years, or both; and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of Title 5, U.S.C., Section 552a (i)(3) as a misdemeanor and by a fine of not more than \$5,000.

Signature: _____ Date: _____