

Peter James Development & Independent Living, Inc.  
3100 E. 45th St., Suite 116  
Cleveland, OH 44127

**Motor Vehicle Record Request Authorization Form**

I \_\_\_\_\_ driver's license number \_\_\_\_\_

Give my permission to Peter James Development & Independent Living, Inc. to secure a copy of my Motor Vehicle Record (MVR) as needed in order to assess my qualification for operating an agency/State vehicle. I understand that the reason for this requirement is based on the policies of the State of OH Department of Human Resources and Peter James Development & Independent Living, Inc. which insure that drivers transporting clients maintain a safe driving record with no citations for unsafe vehicle operations.

This authorization is valid as long as I am employed by Peter James Development & Independent Living, Inc. It will be used to assess my continuing authorization to operate agency/State registered vehicle and transport clients and will be accessed and used by my supervisor/manager and administration.

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Printed Name

Signature

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Date of Birth