

**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 authorize Harding Brooks Associates LLC & my prospective employer 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.)**

**New Employee**

**Returning Employee Year Last Employed \_\_\_\_\_**

**Name (Printed) \_\_\_\_\_**

**Date of Birth \_\_\_\_\_**

**Drivers License Number \_\_\_\_\_**

**State Licensed \_\_\_\_\_ Years Licensed in this State\* \_\_\_\_\_**

**\*If less than 3 yrs please provide prior license # and State \_\_\_\_\_**

**Signature \_\_\_\_\_**

**Date Signed: \_\_\_\_\_**

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