



DISCLOSURE AND AUTHORIZATION

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The "Company" may request, for lawful employment or insurance purposes, background information about you from MVRcheck.com (Consumer Reporting Agency) in connection with your employment or application for employment or insurance. The consumer report may include Driving History (Motor Vehicle Records), CDL Records, FMCSA PSP Records, Drug & Alcohol Tests, Previous Employment Verifications, County Court Records, and Identity Verification. Consumer reports and/or investigative consumer reports are to be generated for employment, promotion, reassignment, retention as an employee or insurance underwriting. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses. The "Company" will obtain the consumer reports and investigative consumer reports from MVRcheck.com and can be contacted at (855)-865-MVRS or compliance@mvrcheck.com. Upon Request, MVRcheck.com will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

AUTHORIZATION OF BACKGROUND INVESTIGATION

I have carefully read and understand this Disclosure and Authorization form. By my signature below, I hereby authorize MVRcheck.com an agent of the Company to make a thorough background investigation of all information given by me to the Company by preparing a consumer report and/or investigative consumer report. This authorization shall remain on file by Company for the duration of my employment and will serve as ongoing authorization for Company and MVRcheck.com to procure my driving and background records at any time during my employment period. I further authorize the Company to share the information in the consumer reports and investigative consumer reports with any person involved in the employment or insurance decision about me.

California, Minnesota, Massachusetts, Maine and Oklahoma Applicants: please check this box to receive a copy of any report that is prepared on you.

Applicant Name: _____

DL State: _____

Company Requesting Report: _____ **Company Location (State):** _____

Applicant Signature: _____ **Date:** _____