

345 North State St.
Ukiah, Ca. 95482
Phone: 707/462-5901
Fax: 707/462-3763



414 South Franklin St.
Fort Bragg, CA. 95437
Phone: 707/961-1250
Fax: 707/961-0407

Motor Vehicle Record Request

Company _____

Driver Information:

Name _____

Driver's License Number _____ State _____

Date of Birth _____

Circle One: Hired Employee OR Potential Employee

Authorization For Company to Obtain A Driver's License Report

In compliance with Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a consumer report in connection with your application for employment or in connection with your employment. It is our normal practice to limit the consumer report to driving records available from the appropriate state of motor vehicle departments.

I voluntarily authorize Team Insurance & Financial Services, Inc to obtain a consumer report for the purpose of business insurance underwriting. I acknowledge that Team Insurance & Financial Services, Inc. is not my employers or prospective employers and will not make any employment decision relating to me. I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

Drivers Signature _____ Date _____