

TAYLOR TELE-COMMUNICATIONS, INC.

DRIVER'S LICENSE CHECK CONSENT FORM

I do hereby consent to having my current driving record checked and the information obtained subject to periodic review by appropriate "Taylor Tele-Communications, Inc." and insurance company personnel. I understand that such information is to be used to substantiate a satisfactory driving record required to drive "Taylor Tele-Communications, Inc." vehicles.

Signature

Date

Name (Please Print)

Driver's License No. (State)

Date of Birth

Driver's License Exp. Date

Social Security Number

_____ Update

_____ New Driver