



Contact us at: (760) 659-5661 and/or info@alancobbins.com

EMPLOYEE MVR AUTHORIZATION FORM

_____ (Name of Employer)

It is understood that my job position requires me to drive a (company owned vehicle) (my own car on company business). I understand that the insurance company writing your automobile insurance requires a copy of my current driving record to assess my insurability. I also understand I have the right to see a copy of Motor Vehicle Report.

By signing this letter, I hereby authorize the insurance company and/or its agents, and the employer listed above to obtain, review, discuss, distribute copies (as necessary) and retain the necessary motor vehicle records as necessary for underwriting purposes.

_____ Date

_____ Print Name of Employee

_____ Signature of Employee

_____ Driver's License Number