



E: Compliance@MVRcheck.com

MVR Driver Authorization & Release

I understand the Employer or Insurer ("Company") has my authorization to thoroughly investigate my background. I understand that the background report may include, but is not limited to, the following areas: Motor Vehicle Records, FMCSA PSP Records, Drug Screening, Pre-Employment Verification and Identity Verification. 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. You have the right, upon written request and made within a reasonable time, to request whether a consumer report has been run about you. Upon Request, Company or MVRcheck.com will supply a copy of the completed background report along with a copy of an individual's rights under the Fair Credit Reporting Act. A copy of this form is as valid as the original.

The following information is required for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant's Name: _____

Applicant's Date of Birth: _____ Applicant's SSN (Last 4): _____

Drivers License No: _____ State Issued: _____

Address (Current): _____

City: _____ State: _____ Zip _____

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

California, Minnesota and Oklahoma Applicants: Please check the box if you would like to receive a copy of your consumer report if one is obtained by the Company.

Notice to New York Applicants: Under Article 25 Section 380-c (b) (2) of the New York General business Law, you have the right, upon written request, to be informed of whether or not an investigate consumer report was requested.

Applicant Signature: _____ **Date:** _____