

**Federal Drivers Privacy Protection Act**  
**Authorization to Obtain Motor Vehicle Report**

New Employee

Returning Employee: Year last employed

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I

(Name of Employee)

authorize Harding Brooks Associates LLC to obtain my Motor Vehicle Record for insurance underwriting/eligibility purposes. I understand that this record may contain personal information\* in addition to any/all driver violations and/or accidents, which may be on record through the Department(s) of Motor Vehicles. I also authorize release of this insurance underwriting/eligibility information to my employer. (or proposed employer.)

Signature of Employee (or potential employee):

Date Signed:

Name (Printed):

Drivers License Number:

State:

Date of Birth:

Street Address & Mailing Address:

City:

State:

Zip:

\*Personal information means information that identifies an individual including an individual's photograph, driver identification number, name, address and telephone number.