

# Authorization To Obtain Motor Vehicle Record

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle and the undersigned gives his or her consent to the release of their driving record (MVR) for review by:

South Branch Emergency Services, Inc. / Clinton First Aid & Rescue Squad, Inc.

Name of Employer or Potential Employer

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.
4. I agree to release Nottingham Agency Inc, its employees and those who supplied the company with the information from any liability for any damage that may result from furnishing the requested information.

Name of Employee/Potential Employee: \_\_\_\_\_  
Print name as it appears on driver's license

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Employee/Potential Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Employer Authorized Representative Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_