

- New Employee  
 Returning Employee: Year last employed \_\_\_\_\_

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

**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)**

**Name (Printed)** \_\_\_\_\_

\_\_\_\_\_  
**Drivers License Number**                      **State**                      **Date of Birth**

\_\_\_\_\_  
**Street Address & Mailing Address**

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

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