



Name of Employer \_\_\_\_\_

Name of Employee or Potential Employee \_\_\_\_\_

Dear Employee,

As part of your job, we may permit you to drive a vehicle owned by or leased by the Company. For you to be allowed to operate the vehicle, you must have a valid driver's license and a driving record acceptable to the Company and its insurer. Further, you must authorize the Company (and "Company" shall include our insurance agents, brokers, and any auto insurance company) to obtain a copy of your motor vehicle records.

**Authorization:**

I have read and understood the preceding and hereby authorize the Company to access or obtain my motor vehicle records or reports. I understand and agree that these records or reports may be obtained by the Company directly or provided to the Company by a consumer reporting agency, insurer, or outside source, and I hereby authorize the consumer reporting agencies or outside source to provide motor vehicle records or reports about me to the Company. I further understand and agree that the Company may access or obtain such records or reports on an ongoing basis during the time I have permission to drive the Company vehicle.

I agree that my authorization for the Company to obtain such records or reports is valid until revoked by me or until I am no longer employed by the Company. I further understand that my authorization is voluntary and can be withdrawn in writing at any time; however, my failure to provide authorization for the Company to access or obtain my motor vehicle records or reports will be grounds for the Company to deny or revoke permission for me to operate a Company vehicle. I also understand that based upon my driving records I may not be able to drive the Company vehicle and any permission to drive may be revoked at any time.

---

**Signature**

**Date**

---

**Print Name**