

Date: _____

Employer: _____

I am aware that consumer and motor vehicle reports may be obtained as part of _____ (Employers Name) evaluation of my job application and/or employment. The reports may be procured by _____ (Employers Name) or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my liability for the insurance program, or other consumer reports.

By signing this letter, I hereby provide my authorization for _____ (Employers Name) or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

	(Please print information in this section)
Signature Applicant/Employee	
Name as it appears on Driver License	
Driver License Number/State of Issuance	
Date of Birth	