

MOTOR VEHICLE REPORT AUTHORIZATION

I, _____, hereby give authorization to my employer, or potential employer, _____ and its insurance company, agents, and authorized representatives to obtain a copy of my Georgia Motor Vehicle Record. I understand the information contained therein shall be used solely for the underwriting of insurance. I further understand this record can be checked at any time including but not limited to prior to employment, after probationary periods, at employment anniversary and insurance policy anniversary.

In the event that an adverse decision is based upon any information found in my Department of Public Safety record, I have the right to request any information pertinent to this decision, including specific information included in the driver's operating record. All information obtained is used strictly for underwriting insurance and will not be passed to any other person or company.

SIGNED:

DATE:

Name as it Appears on License: _____

Date of Birth: _____

State Licensed: _____

License Number: _____

*****Please include a copy of the actual driver's license with this form***