

345 North State St.  
Ukiah, Ca. 95482  
Phone: 707/462-5901  
Fax: 707/462-3763



414 South Franklin St.  
Fort Bragg, CA. 95437  
Phone: 707/961-1250  
Fax: 707/961-0407

## Motor Vehicle Record Request

**Company** \_\_\_\_\_

### Driver Information:

Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_

Circle One:    Hired Employee    OR    Potential Employee

### Authorization For Company to Obtain A Driver's License Report

In compliance with Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a consumer report in connection with your application for employment or in connection with your employment. It is our normal practice to limit the consumer report to driving records available from the appropriate state of motor vehicle departments.

I voluntarily authorize Team Insurance & Financial Services, Inc AKA Gaffney & Coate Insurance Services to obtain a consumer report for the purpose of business insurance underwriting. I acknowledge that Team Insurance & Financial Services, Inc. AKA Gaffney & Coate Insurances Services are not my employers or prospective employers and will not make any employment decision relating to me. I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

Drivers Signature \_\_\_\_\_ Date \_\_\_\_\_