



Motor Vehicle Release and Authorization Form

To: Wisconsin Department of Transportation

The undersigned does hereby authorize the release of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my employer, or potential employer, and its insurance agency, whose names and addresses are as follows:

Name and Address of

Employer/Potential Employer: Pfister Bulk Transport, LLC
N3091 County Road T
New Holstein WI 53061

Name and Address of

Insurance Agency: Ansay & Associates, LLC.
101 East Grand Ave.
Port Washington WI 53074

This authorization shall continue until revoked by the undersigned in a subsequent writing delivered to you.

Signature: _____ Date: _____

Full Name: _____
(please print)

Address: _____
Street City State Zip

Driver's License Number: _____ State: _____

Date of Birth: _____