



AUTHORIZATION TO RELEASE MOTOR VEHICLE REPORT

I, _____ authorize Vanner Insurance Agency to obtain my motor vehicle record and release the information obtained from the State Department of Motor Vehicles to my employer/prospective employer, HDE Electric Inc as well as any insurance company/broker that requires this information from my employer. I understand that my record may contain personal information in addition to any/all driver violations and/or accidents which may be on record through the State Department of Motor Vehicles.

I understand that motor vehicle reports are obtained by Vanner Insurance Agency and my employer/prospective employer's insurance carrier/broker from time to time as part of underwriting my employer's commercial automobile insurance program.

This release will remain in effect until it is revoked. I understand that if I want to obtain a copy of the report, I may request one directly from the state department of motor vehicles.

Signature of Employee or Potential Employee

Social Security Number

Date Signed

Driver's License Number

Date of Birth

State of Issuance for Driver's License

