



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