

**AUTHORIZATION AND CONSENT TO CHECK MOTOR VEHICLE RECORD  
(CDL DRIVERS also complete PSP Disclosure and Authorization)**

In accordance with the provisions of section 604 and 607 of the **Fair Credit Reporting Act**, Public Law as amended by the Consumer Credit Reporting Act of 1996, I hereby certify the following:

1. The applicant has authorized in writing the procurement of this report;
2. The applicant is informed that a consumer report may be obtained for employment purposes and may obtain more information about consumer reports for employment purposes at **<http://www.ftc.gov/os/statutes/fcra.htm#604>**
3. The information being requested will be used for "permissible purpose" (i.e. information for employment purposes) and will be used for no other purposes;
4. The information being requested will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part of this report, the applicant may receive a copy of the report and any other consumer information received with the report from the consumer reporting agency.

I understand and authorize you to release the following information to Current Insurance Agent for 2S Inc. and, 2S Inc., my employer or potential employer, for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulation and any State Regulation or Employer Policy. Insurance Agent Representing 2S Inc. are released from any and all liability that may result from furnishing such information. I additionally, understand that based on my job position this may be checked periodically, in accordance with employer policy, or state or federal regulations. Furthermore this authorization shall be valid as long as I am employed by 2S Inc. Copies and/or faxes of this authorization are valid as original authorization.

Name of Applicant

Address of Applicant

Date of Birth

License State

License No.

Applicant's Signature (Type Your Full Name)

Today's Date

To request an MVR this form will be sent to Commercial Auto Insurance Policy provider.

APPLICANTS: The above named person has made an application with our company for the position of \_\_\_\_\_ . In accordance with regulations by the Federal Department of Transportation, please furnish the undersigned with the applicants driving record for the past 3 years.

2S EMPLOYEES: The above named person is employed with our company in the position of \_\_\_\_\_ . In accordance with regulations by the Federal Department of Transportation, please furnish the undersigned with the applicants driving record for the past year.