

Federal Drivers Privacy Protection Act Authorization to Obtain Motor Vehicle Records

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance,

I, _____ authorize _____
(Applicant Name) (Employer Name)

to obtain my Motor Vehicle Record from the Donald B. Dedrick Agency, Inc. I understand that this record may contain personal information in addition to any and all driver violations and/or accidents which may be on record through the New York State Department of Motor Vehicles.

In addition, should my application be accepted for employment and/or upon my becoming an employee for _____, I further authorize
(Employer Name)

any and all additional requests for my Motor Vehicle Record be submitted and reviewed as needed for the sole purpose of my continued evaluation and eligibility standards under the State and Federal regulatory compliance standards.

Print Name of Applicant

Signature of Applicant

Date Signed

Drivers License Number

Date of Birth

State of License