

**Federal Drivers Privacy Protection Act
Authorization to Obtain Motor Vehicle Report**

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 (Name of Employee) _____ authorize LCP Group, Inc. and/or Harding Brooks Associates LLC to obtain my Motor Vehicle Record. I understand that this 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 also authorize release of this information to my employer. (or proposed employer.)

Signature of Employee

Address: _____ **City:** _____ **St** _____ **ZIP** _____

Drivers License Number

State

Date of Birth

Street Address & Mailing Address

City _____ **State** _____ **Zip** _____

Date Signed: _____

*Personal information means information that identifies an individual including an individual's photograph, driver identification number, name, address and telephone number. It does not include information on vehicular accidents, driving violations and driver status.