

AUTHORIZATION FOR MVR REVIEW

I understand a Motor Vehicle Abstract will be ordered and reviewed to assess minimum eligibility to determine driving privileges. As a driver, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage. Driver must have a valid driver's license and keep the license with him/her at all times while driving. All drivers must comply with all applicable regulations.

In accordance with the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record will be obtained on me for driving authorization.

I acknowledge the receipt of the above disclosure and authorize WTIA or its designated agent to obtain a Motor Vehicle Record Report.

Name (Print)

Driver's License Number Date of Birth

Signature Date