

Motor Vehicle Check (Driving Record) AUTHORIZATION

CANDIDATE COMPLETE THE FOLLOWING: [INFORMATION MUST BE NEATLY PRINTED OR TYPED]

ALL BOXES MARKED ★ MUST BE COMPLETED

Today's Date (if blank then date submitted)

Print **FIRST NAME** as it appears on Driver's License ★

Print **LAST NAME** as it appears on Driver's License ★

Middle Name or Initial as it appears on the Driver's License ★

The following information is required to obtain your Driving Record.

Month, Day, and Year of Birth **mm/dd/yyyy (REQUIRED)**


Driver's License Number **(REQUIRED)**

State Issuing Driver's License **(REQUIRED)**

CONSENT:

As part of my Consumer Authorization, page 1, I hereby authorize SecurTest, Inc. to obtain my driving record, also known as a Motor Vehicle Record. I also authorize SecurTest, Inc. to report my driving record to the End-User, such as my employer or prospective employer, as identified on page 1.

I hereby affirm that the information above is true and accurate.

 ★
(SIGNATURE)

Employer/User Instructions:
Attach all pages on
Submission Online When
Ordering or fax to:
FAX: 866-580-4851