



Disclosure and authorization for a drivers license records check (MVR)

Name _____
Last First MI

Address _____

City _____ State _____ Zip _____

Drivers license # _____ Issued state of drivers license _____

Date of birth _____ (Needed only to accurately retrieve records)
M/D/Y

This authorization is being given in regards to an MVR (Motor Vehicle Records) check and will be used to determine your qualifications to operate any motor vehicle of Marchese Ford of Mechanicville. All employees are required (yearly) to submit to this inquiry before operating any vehicle of Marchese Ford of Mechanicville.

PLEASE READ AND SIGN THE FOLLOWING

I authorize Marchese Ford of Mechanicville to conduct an MVR inquiry regarding my driver's license history. I authorize any parties contacted to release information to my employer or its agent (e.g., a consumer reporting agency) regarding my driving record, licenses, certifications, or other information contained in the MVR. I release all persons and entities from liability for damages that may arise from the release of this information. I waive all provisions of law prohibiting the disclosure of information.

I understand that Marchese Ford of Mechanicville and its agents cannot guarantee the accuracy of any information reported to it by third parties.

An unsatisfactory MVR would include: more than one accident/moving violation within the past 12 months, more than two accidents/moving violations within the past 36 months, DUI conviction, speeding violation greater than 20 mph over the speed limit, hit and run conviction, wreckless driving conviction, or more than 6 points against license for all offenses.

Failure to maintain a satisfactory MVR may result in revocation of authorization to drive a Marchese Ford of Mechanicville vehicle.

Any traffic violations or accident that could affect your MVR must immediately be reported to your supervisor.

FOR PROPER INSURANCE CLAIMS REPORTING

If you are involved in a vehicle accident, immediately notify the local police department having jurisdiction to file a report.

Signature _____ Date _____