
COMMERCIAL AUTO
Motor Vehicle Record Introduction Letter and Consent Form

One of the most costly and potentially devastating types of loss exposures associated with our day-to-day operations is vehicle accidents. In addition to the potential tragedy of human loss, we are also faced with claim costs that could adversely affect all of our departments, as well as the company as a whole.

As a responsible employer and to help prevent and reduce the impact of vehicle accidents, _____ requests that each employee who may drive a company vehicle or a personal vehicle for company business have a good driving record. Consistent with this responsibility, _____ requires that a Motor Vehicle Record (MVR) be obtained and reviewed on all applicants prior to hiring and on existing employees annually, as a condition of employment. Guidelines have been developed to determine acceptability of MVRs based on a point system and seriousness of the violations involved.

Please complete the information below and provide the necessary information so that an MVR can be ordered on you as an employee. Also, please sign and date the consent part of this form.

I hereby release _____ from any and all liability arising from the release of the information discovered from my driving report or driving reports on those individuals identified as an authorized operator of my company vehicle.

License Number _____

Issuing State _____

Date of Birth _____

By signing below, I acknowledge that you may obtain information relating to my driving record.

Employee Name (*print last, first and middle initial*) _____

Employee Signature _____

Date _____