

# Motor Vehicle Report Notification & Authorization Form

Date: \_\_\_\_\_ (PLEASE PRINT OR TYPE ALL INFORMATION ON THIS FORM)

Applicant / Employee Name \_\_\_\_\_

Applicant / Employee Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

I, \_\_\_\_\_, authorize

**Allied Eagle Transports, LLC.** to obtain driving records (motor vehicle reports) on my information shown above as part of the company's evaluation of my employment / insurance application. The reports may be obtained and produced by Sawyer & Associates Insurance Agency, LLC. These records will be obtained as part of the applicant or employee evaluation process, an assessment of my insurability or employability or for other permissible purposes. By signing this disclosure, I hereby authorize the company to procure such reports about me from time to time, as it deems appropriate, to evaluate my insurability or employability.

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Signature of Applicant / Employee