

**DISCLOSURE UNDER FAIR CREDIT REPORTING ACT
AND
CONSENT TO PROCUREMENT OF CONSUMER REPORT
FOR
EMPLOYMENT AND INSURANCE PURPOSES**

The undersigned hereby authorizes _____
(Name of Employer)

or it's insurance agency, W.P. Dolle, LLC, or its assigns to obtain copies of motor vehicle reports pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above named employer may apply, and any renewal be used, and I do hereby authorize such use. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience or qualifications.

By my signature below, I acknowledge that I have read and understood all of the above statements.

Dated: _____ **Signed:** _____

(Print Name)

In order to request a motor vehicle record, the following information must be provided:

Name: _____ **Date of Birth:** _____
(First) (Last)

Drivers License #: _____ **License State:** _____

Please print legibly! Thank you.