

**Driver's Privacy Protection Act Disclosure Statement
(Motor Vehicle Record Authorization Form)**

_____ hereby certifies that this report request meets the definition of the "permissible uses" of the state motor vehicle records under the provisions of the Driver's Privacy Protection Act.

I acknowledge receipt of the above request for authorization with respect to disclosure and hereby authorize _____ it's current and prospective insurers, and Sobel Affiliates, Inc. to obtain a State Motor Vehicle Record pertaining to me for employment or contract services. This authorization is ongoing in the event such a report is necessary in the future.

Applicant Signature

Date

Print Name

Social Security Number

Driver's License Number

Date of Birth