

**REQUEST TO OBTAIN
MOTOR VEHICLE DRIVING RECORD**

Name of Applicant/Employee _____

Address: _____

City, State, Zip _____

Driver's License # _____

To: Name of Employer Interstate Towing & Transport Specialist Inc
Address of Employer 1655 Highland Rd Twinsburg Ohio 44087

Consumer reports may be obtained as part of my job evaluation and/or application/employment. The reports may be procured by WICHERT INSURANCE SERVICES, INC. and may include my driving record, an assessment of my insurability under insurance coverage or other consumer reports.

By signing this disclosure, I hereby authorize Wichert Insurance to procure and release to my employer such reports about me (as needed), to be used to evaluate my insurability, or other permissible purposes.

Signed: _____
Signature of Applicant/Employee

Date: _____