

LIST OF DRIVERS AND AUTHORIZATION TO RELEASE MOTOR VEHICLE RECORD

Named Insured: _____ Policy Number: _____

Employee Name: _____ State of License: _____

License Number: _____ Date of Birth: _____

I hereby authorize you to release my driving record to the Names Insured as listed at the top of this page for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. Custom Harvest Insurance, LLC is released from any and all liability that may result from furnishing such information.

(Signature of Employee)

(Date)

Employee Name: _____ State of License: _____

License Number: _____ Date of Birth: _____

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(Date)

I hereby certify that this report request and the above applicants' release notices meet the definition of "permissible uses" of the state motor vehicle records rules under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 30002(a)). The above applicants are employed with our company. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish me with the employees' driving record.

(Signature of Insured)

(Date)