

Motor Vehicle Record Release Authorization

Date

To: Name of Employer

It is understood that my job position requires (or may require) me to either drive a company owned vehicle or my own vehicle on company business.

I understand the insurance company writing my employer's automobile insurance requires a copy of my current driving record to assess my insurability. I also understand that I have the right to see a copy of my Motor Vehicle Record (MVR) upon request.

By this letter, I hereby authorize my employer's insurance company and/or its agent Heffernan Insurance Brokers to obtain the necessary MVR and to send a copy of my MVR to my employer.

This authorization will be valid until such time I leave my employer.

Please print your full name:

Last Name

First Name

Middle Name

Driver's License Number

Driver's License State

Date of Birth (if not California)

Signature

Date