

Robert Hess and Company

INSURANCE BROKERS

Requesting Company: _____ Phone: _____

Contact Name: _____ Email: _____

REQUEST FOR MOTOR VEHICLE RECORD (MVR) CHECK & AUTHORIZATION

During the course of doing business, it may become necessary for employees to drive a company vehicle. Our insurance carrier requires the following information on each potential driver for insurance purposes. Please complete the following information and return to Human Resources with your new hire paperwork.

I authorize a motor vehicle background check to be performed. (If so, please complete the rest of this form, sign and date).

I do not authorize a motor vehicle background check. (If so, you will not be able to drive a company vehicle). Do not complete the rest of the form, just sign and date.

Name (print): _____

Marital Status: Married Divorced Single

Address: _____

Phone: _____ Date of Birth: _____

Driver's License #: _____ State Issued: _____ Exp Date: _____

Restrictions

Has your license ever been suspended or revoked? Yes No

Explain: _____

Moving traffic violations in the last 3 years? Yes No

Explain (include year): _____

Accidents in the last 3 years? Yes No

Explain (include year): _____

Citations for DWI, DUI, reckless driving or other serious violations in last 5 years? Yes No

Explain (include year): _____

Dates you will drive for company: _____ Manager's Name: _____

I certify the above to be completely accurate, and understand that I may be denied driver privileges of company vehicles if the information is found to be untrue.

Signature: _____ Date: _____

Please return to us when completed. Fax to: (415) 435-9126 or Scan & Email to: customercare@robhessco.com