

AUTHORIZATION TO OBTAIN DRIVING INFORMATION

DATE:

TO: General Insurance Services

RE: Motor Vehicle Report

I, \_\_\_\_\_, hereby give my authorization for General  
(Name)

Insurance Services to obtain my motor vehicle report and authorize General Insurance Services to release information pertaining to my driving record to M.E. Simpson Co., Inc.

I understand that the results of the drivers license check may be ground for my not being hired. I also understand that the check is voluntary on my part, but that if I refuse to submit to such check my application may no longer be considered for employment in accordance with the Policy's of M.E. Simpson Co., Inc. and its Insurance Company.

My drivers license information is:

Name of Driver \_\_\_\_\_

Date of Birth \_\_\_\_\_

Drivers License Number \_\_\_\_\_

State of License \_\_\_\_\_

Signature of Driver \_\_\_\_\_

Date \_\_\_\_\_