

NOTICE AND AUTHORIZATION FOR MOTOR VEHICLE REPORT

The undersigned understands that in connection with my possible employment or contract work as a driver of vehicles registered to The Advocacy Group, or other vehicles, EPIC Insurance Brokers & Consultants and/or The Advocacy Group may request a MOTOR VEHICLE REPORT from a consumer reporting agency or the Department of Motor Vehicles concerning my motor vehicle operation history, which may include possible criminal history. I understand that a MOTOR VEHICLE REPORT may be obtained for employment purposes, as defined under the Fair Credit Reporting Act, or as defined under comparable state law. Specifically, the information from my MOTOR VEHICLE REPORT may be used for the purpose of obtaining automobile insurance for The Advocacy Group. This information is necessary to acquire insurance quotes and coverage. The information in this report may also affect my ability to be a driver of vehicles owned by The Advocacy Group, and/or my ability to be employed by The Advocacy Group. I voluntarily and knowingly authorize the release of all information requested by EPIC Insurance Brokers & Consultants and/or The Advocacy Group. I hereby authorize both The Advocacy Group and EPIC Insurance Brokers & Consultants to possess and maintain for their records a copy or copies of my driving record or MOTOR VEHICLE REPORT.

Date: _____

Signature: _____

Drivers License No. _____

State Issued: _____

Name: _____

Print Name as it Appears on License

Date of Birth: _____