

Federal Drivers' Privacy Protection Act

Authorization to Obtain Motor Vehicle Report

For the sole purpose of determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I,

_____ authorize
(Name of assigned driver/employee)

Adapa LLC

(Name of Company or Agency)

to obtain my Motor Vehicle Record. I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents, which may be on record through the _____ (Name of State) State Department of Motor Vehicles. I also authorize release of this information to my employer (or proposed employer).

(Signature of Employee)

(Social Security Number)

(Driver License Number)

(State)

(Date of Birth)

(Street Address & Mailing Address)

(City)

(State)

(Zip Code)

Date Signed

**Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address, and telephone number. It does not include information on vehicular accidents, driving violations or driver status.*