



TECHNICAL SERVICES

Federal Drivers Privacy Protection Act Authorization to Obtain in Motor Vehicle Records

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I _____ authorize C4 Technical Services LLC 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 State Department of Motor Vehicles.

In addition, should my application be accepted for employment and/or upon my becoming an employee of C4 Technical Services LLC, I further authorize any/all additional requests for my Motor Vehicle Report be submitted and reviewed as needed for the sole purpose of my continued evaluation and eligibility standards under the State and Federal regulatory compliance standards.

Signature of Employee or Potential Employee

Social Security Number

Date Signed

Date of Birth

Drivers License Number

Driver's License State

Work Location

Date of Hire

Full-Time (or) Part-Time

Required to Drive:

_____ Daily (or) _____ Assigned a Specific Vehicle

_____ Occasionally

*"Personal Information" means information that identifies an individual, including an individual's photograph, social security number, driver identification number, name, address, (but not the 5-digit zip code), telephone number, and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver's status.

877-478-8536

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