

MOTOR VEHICLE REPORT- AUTHORIZATION FORM

CLIENT CODE: MELST-1

**DISCLOSURE UNDER FAIR CREDIT REPORTING ACT AND CONSISTENT TO
PROCUREMENT OF CONSUMER REPORT FOR EMPLOYMENT PURPOSES.**

The undersigned hereby authorizes Mel's Towing LLC,
(Company Name)

Or its insurance agency Farmers National Insurance, LLC, or its assigns, to obtain copies of Consumer reports, including a motor vehicle report, pertaining to me for employment purposes,

And for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

DATED: _____

SIGNED: X _____

PRINTED NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

D.O.B: _____

DRIVER'S LICENSE #/STATE:

SOCIAL SECURITY NUMBER

YEARS OF COMMERCIAL DRIVING EXPERIENCE

MARITAL STATUS

YEARS OF TOWING EXPERIENCE