

Hoffman Trucking Inc
3703 30th Street South
Wichita, KS 67215

Phone: 316-942-8011 Fax: 316-942-8817

Motor Vehicle Report Request Form

Date: _____

To: Employees (current or potential) using company or personal auto
in connection with company business

Subject: Motor Vehicle Report (MVR) – New or Updated

We require periodic MVR update on employees and potential employees who have occasional need to operate a company vehicle or their personal vehicle on company business. MVRs fall under the category of a Consumer Report and require your authorization prior to ordering. Employees unwilling to authorize the ordering of an MVR will not be allowed to drive either a company vehicle or their own personal vehicle on company business.

CONSUMER REPORT DISCLOSURE AND AUTHORIZATION FORM DISCLOSURE

I authorize **Hoffman Trucking Inc** ("Company") to obtain a consumer report (MVR) in connection with my employment while operating a vehicle on company related business. The reports may be procured by **Insurance Center, Inc.**, and may include my driving record, an assessment of my insurability or employability or for other permissible purposes. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or employability or for other permissible purposes.

<i>Employee/Applicant Name (Typed or Printed)</i>	<i>Date of Birth</i>	<i>License #/Social Security #</i>

<i>Street Address</i>	<i>City, State</i>	<i>Zip</i>

<i>Employee/Applicant Signature</i>	<i>Date</i>	

Please return MVR to _____ by email or fax at _____.



(This form is to be used to order motor vehicle reports from ICI – Please fax to 316-321-5625)

