

DRIVER AUTHORIZATION FORM

Please complete the information below:

Driver's Name as it Appears on License:
Date of Birth:
Driver's License Number:
Date of Birth:

Have you had any tickets, accidents (at-fault) or violations in the past three years?

Yes No

Have you had any drug or alcohol related incidents in the past five years?

Yes No

If yes, please give dates and descriptions:

I hereby authorize the **Van Engelenhoven Agency, Inc.** and/or its insurance representative, pursuant to the Driver's Privacy Protection Act to periodically obtain and review my Motor Vehicle Record as needed in order to evaluate my insurability when driving a company-owned vehicle. I understand that this information will be kept confidential and released only to those representatives charged with overseeing the company's insurance and employment policies.

I understand that I have a responsibility to **Hubers Plumbing, Heating & Air Conditioning** and any negative change in the status of my driving record may result in the revocation of the privilege of operating a company-owned vehicle.

Signature of Driver _____

Date _____