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Name of Job Applicant/Employee

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Street Address

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City, State, Zip Code

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Date

Employer Name  
Address  
City, State Zip

Dear (Employer):

Department of Motor Vehicle reports may be obtained as part of the [Employer's Name] evaluation of my job application/employment. The reports may be procured by DiBuduo & DeFendis Insurance Agency, and may include my driving record, to assess my insurability under the Company's insurance coverage's. By signing this disclosure, I hereby authorize the Company to procure such reports about me from time to time, as it deems appropriate, to evaluate my insurability.

Sincerely,

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Signature of Employee

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Print Name

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License # & Date of Birth