

MVR Privacy Protection Waiver

For the sole purpose of determination and evaluation of my motor operating record and pursuant to the State and Federal regulations of compliance, I

_____ authorize
(Name of Employee)

Beacon Insurance Services, LLC
(Name of Agency)

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

(Name of State) _____ State Department of Motor Vehicles

Driver's License Number State Date of Birth

Street Address & Mailing Address

City _____ State _____ Zip Code _____

I also authorize release of this information to my employer (or proposed employer)

Signature of Employee _____ **Date** _____

*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address and telephone number. It does not include information on vehicular accidents driving violations and driver status.