



MOTOR VEHICLE RECORD AUTHORIZATION FORM

Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, by signing below, I, _____, hereby authorize and permit the **Vermont Youth Conservation Corps** to obtain a copy of my Motor Vehicle Record (MVR). I authorize the **Vermont Youth Conservation Corps** to share this information with Jamieson Insurance Agency Inc. and Philadelphia Insurance Companies. I hereby release and hold harmless any person, firm, or entity, including iiX, that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any or all of the information discussed above. This information may be obtained in whole or in part by iiX or its agents.

I understand and acknowledge that this release of information may assist the Vermont Youth Conservation Corps to make a determination regarding my suitability as an employee and/or eligibility to drive Vermont Youth Conservation Corps vehicles. I further understand that under the FCRA, I may request a copy of any report from the reporting agency that compiled the report, after I have provided proper identification. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Signature: _____ Date of Signature _____

* Fill in the below chart exactly as it appears on your driver's license

Date of Birth	
Name	
Sex	
License Number	
License State	
Address	

To be completed by VYCC:

 Vermont Youth Conservation Corps
 iiX Customer Name

 iiX Customer No.

 Date of Request