

**ACKNOWLEDGEMENT OF EMPLOYER'S RIGHT
AND NEED FOR MVR INFORMATION**

Date _____

Name (please print) _____

The undersigned understands that WACOSA must comply with statutory insurance requirements as they pertain to its' employees driving WACOSA's vehicles and/or use of WACOSA's vehicles on the job. By the signature below, the individual acknowledges and agrees that WACOSA is entitled to receive/send proof of license(s) and/or motor vehicle reports/records (herein records), from the employee and/or third parties, including insurance carriers and agents. If information received on the report indicates the applicant/employee does not meet WACOSA's Driver Selection Requirements, job offers will be rescinded or modified, or employee work status will be modified based on the ability of the employee to complete the essential functions of their job.

Employer and employees understand that use of these records is limited to employer's obligation to comply with statutory insurance requirements and/or with the underwriting process relating to securing insurance coverage. Employer will exercise best efforts to limit use of records as herein specified.

Driver's License # _____

State of Issue _____

Date of Birth _____

This form authorizes WACOSA to check my Motor Vehicle Record as a condition of employment and periodically as an employee without further consent. This authorization expires upon termination of my employment.

Signature of Employee _____