

PLEASE COMPLETE EVERYTHING IN RED

Request for Check of Driving Record

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, I hereby authorize and permit, my employer, S.D. Ireland Companies to obtain information periodically, where permitted, pertaining to my driving history records. You are released from any and all liability, which may result from furnishing such information.

Applicant’s/Employee’s Signature

Date

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a “permissible purpose” as defined in the Act, and that the information received will be used for no other purpose.

2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

(Signature of Requester) S.D. Ireland Representative

(Date)

NAME OF APPLICANT: _____

ADDRESS: _____

FORMER ADDRESS: _____

DATE OF BIRTH: _____

LICENSE # & STATE: _____