

Authorization to Obtain Motor Vehicle Record

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle and the undersigned gives his or her consent to the release of their driving record (MVR) for review by:

ASCORA LOGISTICS LLC

Name of Employer or Potential Employer

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

Name of Employee/ Potential Employee: _____
(Printed as it appears on driver's license)

License Number and State: _____

Date of Birth: _____

Signature of Employee/ Potential Employee: _____ Date: _____

Employer Authorized Representative Name: MEETKUMAR PRAJAPATI
(Print)

Authorized Representative Signature: _____ Date: _____