



Authorization to Obtain Motor Vehicle Record

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. Certifies that the undersigned is a driver, or has applied to become a driver for the below named company 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: **Pacella Trucking Express**
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.

Driver Name as it appears on driver's license:

License Number: _____

State: _____ Expiration: _____

Date of Birth: ____/____/____ Social Security #: _____

Date of Hire: ____/____/____

Driver Signature:

Date: _____

Authorized Representative Signature:

Date: _____

Pacella Trucking Express 2558 Damen Ave, Chicago, IL 60608