

Motor Vehicle Record (MVR) Consent Form

To meet insurance requirements, all drivers must submit a signed MVR consent form. This form authorizes the insurance agent and/or insurance company to review your personal driving record. Upon the review of MVR, the insured will be notified of your eligibility status to drive a company vehicle.

Information obtained by the insurance agent and/or insurance company will not be released to any other parties.

Named Insured: _____

Full Legal Name of Driver: (Print) _____

Driver's License Number: _____

State Issued: _____

Date of Birth: _____

Driver Signature: _____

(I hereby authorize the insurance agent/insurance company to review my driving record)

Date: _____

****IMPORTANT: BEFORE SUBMITTING PLEASE SAVE A COPY TO YOUR DEVICE TO PREVENT DATA LOSS. THIS BUTTON WILL LAUNCH YOUR DEFAULT E-MAIL APPLICATION. PLEASE MAKE SURE YOU CLICK SEND FROM THE CLIENT. IF YOU EXPERIENCE ISSUES PLEASE MANUALLY E-MAIL COMPLETED APPLICATION TO KMCKIBBIN@GHMOTORFREIGHT.COM****