**APPENDIX A - (Company Name)**

**MVR CONSENT FORM**

I have reviewed information in (Company name)’s vehicle safety policy. I understand that it is my responsibility to operate company vehicles safely and follow the requirements of the company vehicle safety policy. I also understand that the company will periodically review my motor vehicle record (MVR) and assess my eligibility to drive a motor vehicle on company business.

I authorize (Company name) to obtain my MVR. This authorization remains valid as long as I am an employee or employee candidate and may only be rescinded in writing.

Employee name (print):   
  
Driver’s license number and state issued:   
  
Employee signature and date: \_\_\_\_  
  
Reviewer signature and date: \_