

## MVR RELEASE CONSENT FORM

In conjunction with my employment, at Distance Trucking Inc ("the company"),  
I Savannah Washington (employee/applicant name) Consent to the release of  
*(print name)*  
my Motor Vehicle Record (MVR) to the company. I understand the company will use these  
records to evaluate my suitability to fulfill driving duties that may be related to the position for  
which I am applying. I also consent to the review, evaluation, and other use of any MVR I may  
have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq.. "Federal Drivers Privacy  
Protection Act", and is intended to constitute "written consent" as required by this Act.

  
*Employee/Applicant Signature*  
1990-08-08

*Date of Birth*

W2527999078808

*Drivers' License Number*

Wisconsin

*Issuing State*

2021-05-01 15:05:56

*Date*

*Social Security Number (last 4 digits)*

2025-08-08

*License Expiration Date*

(Required for all drivers)