MVR RELEASE CONSENT FORM

In conjunction with my employme	nt, at	("the company"),
Mitar Bjelic (print name)	(employee/applicant name) Consent to the release of	
my Motor Vehicle Record (MVR) to	o the company. I understand	the company will use these
records to evaluate my suitability	to fulfill driving duties that m	nay be related to the position for
which I am applying. I also consen	it to the review, evaluation, a	and other use of any MVR I may
have provided to the company.		
This consent is given in satisfaction	n of Public Law 18 USC 2721 (et. Seq "Federal Drivers Privacy
Protection Act", and is intended to	o constitute "written consent	
Employee/Applicant-Signature	Date	
1988-04-05	444582565	
Date of Birth	Social Secu	rity Number (last 4 digits)
D2604505452202	2025-03-05	
Drivers' License Number	License Exp	piration Date
Wisconsin		
Issuing State		

(Required for all drivers)