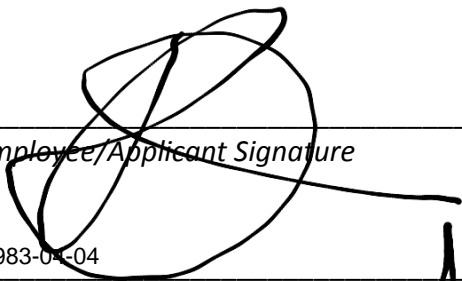


MVR RELEASE CONSENT FORM

In conjunction with my employment, at Distance Trucking Inc ("the company"),
I Dusko Test (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

1983-04-04

Date of Birth

C212160873772

Drivers' License Number

2021-04-05 03:04:07

Date

342962195

Social Security Number (last 4 digits)

2021-04-30

License Expiration Date

Indiana

Issuing State

(Required for all drivers)