

Motor Vehicle Record And Driver's License Release Form

I hereby authorize the release of my motor vehicle and driving records history to Accredited Background Checks, Inc. on behalf of the company listed below. I furthermore understand that since the personal information may be contained in my motor vehicle record report and such information is protected by the Federal Driver Privacy Protection Act.

First Name (Printed)

Middle Name (printed)

Last Name (Printed)

/ /

Date of Birth

Driver's License Number

State Issued

Signature

Company Authorized To Receive Information: _____

Disclaimer:

The client agrees that it shall be responsible for any and all actions that it takes based on any reports Accredited Background Checks, Inc. provides. The client shall defend, underwrite and hold Accredited Background Checks and/or its affiliates harmless from any and all losses, claims, demands, liability, cause of action, judgements, costs and attorney fees arising out of this Agreement. The client hereby agrees to hold Accredited Background Checks, Inc. and its officers, agents, employees, subcontractors and independent subcontractors harmless on account of any expense, cost, or damage resulting from the publishing by the client or the employees, agents or independent subcontractors of the client of any report information provided by Accredited Background Checks, Inc. to the terms of this agreement or applicable laws, rules or regulations. The Client also certifies that the information in the reports from Accredited Background Checks, Inc. will not be given to or resold to any other person or user and that the requests for information will not be mad except within compliance with the DPAA.