

**Creative Commons Motor Vehicle Report (MVR)
Request and Release Authorization**

IF YOU WILL NOT BE DRIVING as part of your employment with Creative Commons, please sign below and ***do not*** complete this form. Thank you.

Signature of Employee

If you **will** be driving as part of your employment with Creative Commons, please complete the information below.

Name: Last First MI

Address: Street Number State Zip

____ / ____ / ____
Date of Birth Female Male

____ - ____ - ____
Social Security Number

Driver's License # State

Other name (s) by which you have been known: _____
Last First MI

Please indicate violation (s) that may show up on your driving record:

In connection with my employment with Creative Commons, I understand that a Motor Vehicle Report (MVR) will be required that will include information on my motor vehicle operation history from state sources.

I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, institution, information service bureau or insurance company contacted by the third-party vendor, its agent's subcontractor, or employees to furnish the above mentioned information. I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.

Signature of Applicant Today's Date