

New Hire MVR Request Fax Form

*****MUST BE FILLED OUT LEGIBLY BY THE DEALERSHIP. IF IT IS NOT LEGIBLE IT WILL INCREASE THE AMOUNT OF TIME NEEDED TO PROCESS YOUR REQUEST.**

Dealership Name: Fremont Motors

Dealership Address: _____

City and State of Dealership: _____

Name of person to contact with MVR results: Amy Kelly _____

Fax #: 307 332-8399 _____ **Phone #:** 307 332-8346 _____

Prospect Information:

Full Legal Name as it appears on DL _____

(*GA must send a copy of the Driver's License)

Date of Birth _____

Drivers License#: _____

State of Issuance: _____

If new Drivers License, please provide previous number _____

AUTHORIZATION FOR COMPANY TO OBTAIN A DRIVER'S LICENSE REPORT

In compliance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a consumer report in connection with your application for employment or in connection with your employment. It is our normal practice to limit the consumer report to driving records available from the appropriate state departments of motor vehicles.

I voluntarily authorize Zurich to obtain a consumer report for the purposes of business insurance underwriting. I acknowledge that Zurich is not my employer or perspective employer and will not make any employment decision relating to me. I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

SIGNATURE: _____ **DATE:** _____

Position Desired _____

*Date of Birth information will be used by the consumer reporting agency to try to insure an accurate investigation. It will not be used in any employment decision.

MVR Fax Number 307 332-8399