

**MOTOR VEHICLE DRIVING RECORD AUTHORIZATION FORM**

**I REQUEST THAT TRX INSURANCE SERVICES, INC. OBTAIN MY MOTOR VEHICLE DRIVING RECORDS AND I GRANT PERMISSION FOR TRX TO SHARE THE RECORDS AND THE INFORMATION CONTAINED IN THE RECORDS WITH THE PERSON OR COMPANY WITH WHOM:**

- (1) I AM EMPLOYED**
- (2) I AM APPLYING FOR EMPLOYMENT; OR**
- (3) I AM AN INDEPENDENT CONTRACTOR; OR**
- (4) I AM APPLYING FOR A POSITION AS AN INDEPENDENT CONTRACTOR**

**ALSO, I GRANT TRX PERMISSION TO SHARE THE RECORDS AND THE INFORMATION CONTAINED IN THE RECORDS WITH ANY AND ALL PERSONS OR COMPANIES THAT MAY HAVE AN INTEREST IN MY INSURABILITY AS A DRIVER INCLUDING, FOR EXAMPLE, INSURANCE COMPANIES AND INSURANCE BROKERS.**

**I AGREE THAT TRX SHALL NOT BE RESPONSIBLE FOR ANY ACTIONS TAKEN BY ANYONE AS A RESULT OF THE USE OF THE INFORMATION CONTAINED WITHIN MY MOTOR VEHICLE RECORDS. I RELEASE TRX AND WILL HOLD TRX, ITS EMPLOYEES AND REPRESENTATIVES, FREE OF ANY LIABILITY ARISING FROM TRX OBTAINING AND/OR PROVIDING THIS INFORMATION FOR THESE PURPOSES. ALSO, I GRANT TRX CONTINUED PERMISSION FOR ALL OF THE ABOVE UNTIL SUCH TIME AS I NOTIFY TRX IN WRITING BY CERTIFIED MAIL RETURN RECEIPT REQUESTED THAT THE PERMISSION IS WITHDRAWN.**

**APPLICANT:**

\_\_\_\_\_

**DRIVERS LICENSE NUMBER:** \_\_\_\_\_ **STATE OF ISSUE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_