

Motor Vehicle Report (MVR) Inquiry Release

- I understand and consent to Christiana Fire Company, Inc. conducting a MVR background check concerning my driving history;
- I acknowledge that making false or misleading statements in this Release may be sufficient cause for Christiana Fire company, Inc. to restrict any use of a Company vehicle by me, and may also result in suspension or termination of membership or employment with Christiana Fire Company, Inc.;
- I release any party or agency contacted on behalf of Christiana Fire Company, Inc. from all liability in connection with furnishing any requested information.

SIGNATURE: _____

DATE: _____

PRINT FULL NAME: _____

IF DRIVING RECORDS ARE UNDER ANY NAME(S) OTHER THAN ABOVE, PLEASE INDICATE OTHER:
NAME(S): _____

*DATE OF BIRTH ____/____/____

CURRENT PHONE NUMBER(S): _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

DRIVER'S LICENSE #: _____ STATE: _____

*Date of Birth is being requested ONLY to facilitate accurate retrieval of records.

- ***Provide a photocopy of your driver's license with the completed Authorization form.***
- ***Please return this form and copy of your license to the Administrator Mailbox at Station 12.***