## **MVR RELEASE CONSENT FORM**

In conjunction with my employment, at $\frac{Prime\ R}{}$	oad Carriers ("the company"),
	pplicant name) Consent to the release of
(print name)	
my Motor Vehicle Record (MVR) to the compan	y. I understand the company will use these
records to evaluate my suitability to fulfill driving	ng duties that may be related to the position for
which I am applying. I also consent to the revie	w, evaluation, and other use of any MVR I may
have provided to the company.	
This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq "Federal Drivers Privacy	
Protection Act", and is intended to constitute "written consent" as required by this Act.	
	2021-03-15 21:59:29
Employee/Applicant Signature	Date
$\wedge$	
1992-09-1	590272934
Date of Birth	Social Security Number (last 4 digits)
0804568049	2024-02-23
Drivers' License Number	License Expiration Date
Nevada	
Issuing State	