

Employee and/or Prospective Employee Authorization  
For Release of a Motor Vehicle Driving Record

I, \_\_\_\_\_, hereby state that:

1. I am an employee or prospective employee of \_\_\_\_\_.
2. I hereby authorize \_\_\_\_\_, as my employer or prospective employer, and Allegheny Insurance Services, Inc., its agent(s) or assign(s), to obtain my abstract of driver record from the state licensing department, to be used exclusively by \_\_\_\_\_, my employer or prospective employer and Allegheny Insurance Services, Inc., its agent(s) or assign(s), to determine whether I should be employed to operate a commercial or other vehicle used for business purposes upon public highways.
3. I understand that a "commercial" vehicle means any vehicle whose principal use is the transportation of commodities, merchandise, produce, freight, animals or passenger for hire.
4. I further understand that no information contained in the abstract of driver record shall be divulged, sold, assigned or otherwise transferred to any other third person or party not named in this release.

\_\_\_\_\_

Signature of Employee or Prospective Employee

\_\_\_\_\_

Address of Employee or Prospective Employee