Compliance@MVRcheck.com

MVR Driver Authorization

I understand that the NNT EXPRESS INC has my authorization to thoroughly investigate my background. I understand that the background report may include, but is not limited to, the following areas: Motor Vehicle Records, Drivers License Verification, FMCSA PSP Records, Drug Screening Records, Pre-Employment Verification, Sexual Offender Lists, County Court Records and Identity Verification. If applicable and in accordance with DOT Regulation 49 CFR Part 391.23 and 49 CFR Part 40, I hereby authorize release of my DOT Regulated Drug and Alcohol Testing Records by any previous employers to the requesting employer via MVRcheck.com or another consumer reporting agency. Furthermore, I provide consent to conduct a limited query of the FMCSA Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I further understand that if I refuse to provide consent for Company/MVRcheck to conduct a limited query of the Clearinghouse, Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle.

I hereby authorize MVRcheck.com an agent of the Company to make a thorough background investigation of all information given by me to the Company. This authorization shall remain on file by Company for the duration of my employment and will serve as ongoing authorization for Company and MVRcheck.com to procure my driving and background records at any time during my employment period. Reports are to be generated for employment, promotion, reassignment, retention as an employee or insurance underwriting. I understand that Company may take adverse action affecting my employment, based on information in my background report. Upon written request, MVRcheck.com will supply a copy of the completed background report along with a copy of an individual's rights under the Fair Credit Reporting Act and I also understand that I have the right to dispute the accuracy of my driving record with MVRcheck.com. A copy of this form is as valid as the original.

The following information is required for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant's Name:_____

Applicant's Date of Birth: _____ Applicant's SSN (Last 4): _____

Drivers License No: _____ State Issued: _____

Address (Current): _____

City:_____ State:_____ Zip_____

Company Requesting Report: _____ Company Location (State): _____

☐**California, Minnesota and Oklahoma Applicants**: Please check the box if you would like to receive a copy of your consumer report if one is obtained by the Company. **Notice to New York Applicants**: Under Article 25 Section 380-c (b) (2) of the New York General business Law, you have the right, upon written request, to be informed of whether or not an investigate consumer report was requested.

Applicant Signature:_____ **Date:** _____