

PRE-EMPLOYMENT AUTHORIZATION

To: _____

RE: Authorization to Obtain Motor Vehicle Report

I, _____ authorize Zocam Plumbing, Inc and Choice One Insurance Services, Inc. to obtain a copy of my Motor Vehicle Report. It is understood that Zocam Plumbing, Inc. and Choice One Insurance Services, Inc. will keep this information confidential and not release this information to any other party except to their insurance Agent and Insurance Company.

It is also understood that Zocam Plumbing, Inc. and Choice One Insurance Services, Inc. will obtain my Motor Vehicle Report on an annual basis while I am employed with the company.

Below is the information necessary to obtain my Motor Vehicle Report:

Full Legal Name

Date of Birth

Drivers License # and State

Signed

Date

Print Name