



MVR RELEASE FORM

As a condition of my employment, I authorize Premier NW Insurance to obtain a copy of my driving record and share this information with my employer and their insurance company.

Driver Name: _____

Date of Birth: _____

Driver License #: _____

State: _____

CDL: Yes / No (circle)

Employer: _____

Employer's Fax/Email: _____

*This authorization allows Premier NW Insurance to obtain a driving record anytime during your employment with the employer referenced above.

Signed by: _____ Dated: _____

(driver)

Employer –

A fee of \$4 for Oregon & \$12 for out of state records will be charged for each MVR requested/obtained from Premier NW Insurance, Inc.

Signed by: _____ Dated: _____

(employer)