



MOTOR VEHICLE RECORD DISCLOSURE FORM

In connection with my ongoing employment or my application for employment, should I have or should I secure a position with Lone Star Milk Transport, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such reports will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information to Lone Star Milk Transport, or it's agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. Lone Star Milk Transport's commercial auto insurer and agent will also use the information in conjunction with loss control and safety review efforts.

Full Legal Name (include middle initial)

Social Security

Drivers License Number

State of Issuance

Date of Birth

Signature

Date