

MOTOR VEHICLE REPORT AUTHORIZATION

*** Please Print or Type All Information**

NAME: _____

DEPARTMENT: _____

SUPERVISOR: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____

I, _____, do hereby authorize Mobile County
(Print Name)
to obtain a copy of my Motor Vehicle Report and review it for purposes of determining insurability under Mobile County's Automobile Liability Insurance Policy.

I also authorize Mobile County to request my Motor Vehicle Records periodically as part of their process to review my acceptability for continued eligibility to retain the privilege of driving a County vehicle.

Furthermore, I hereby release, indemnify and agree to hold harmless Mobile County for any act or omission relating to said Motor Vehicle Report(s). Nothing herein is intended to deprive an employee of rights provided under the Rules and Regulations of the Personnel Board of Mobile County.

This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

Signature of Employee

Date

Supervisor's Signature

Date

**** Attach Copy of Employee's Driver's License**