



## Consent to Obtain Driver Information

Please fill out the following information and fax to (704) 933-4329.

**Employer:** Pro-Tint, Inc.

**Driver's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **State:** \_\_\_\_\_

### Consent Form:

My signature on this form gives the above employer or prospective employer permission to obtain a copy of my Motor Vehicle Report (MVR). I understand that this information is private and that it will be treated confidentially.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_