

# ISU SASCO Insurance Services

## Request for Motor Vehicle Report

Insured Employer: Kleiza Enterprises Inc

Location address: 2202 Scarlett Dr, Hackettstown, NJ 07840

Requestor Name: \_\_\_\_\_

Driver Information: \_\_\_\_\_

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

License #: \_\_\_\_\_

State: \_\_\_\_\_

As a service to our clients, we provide Motor Vehicle Record services. The above captioned insured/employer has requested we obtain a copy of your Motor Vehicle Record for their review. By law, your permission to obtain this information must be received in writing per the following:

Federal Driver's Privacy Protection Act (1994) – Chapter 123 – Prohibition on release and use of certain personal information from state motor vehicle records:

In general, except as provided, a state department of motor vehicles, and any officer, employee or contractor, thereof, shall not knowingly disclose or otherwise make available to any person or entity, personal information about any individual obtained by the department in connection with a motor vehicle unless the requestor has demonstrated it has obtained written consent of the individual to the information pertains.

Please sign below as confirmation of your permission to allow the above captioned to obtain a copy of your Motor Vehicle Records.

\_\_\_\_\_  
Employee/prospective Employee

\_\_\_\_\_  
Date

Return fax back to Kleiza Enterprises Inc at \_\_\_\_\_ or [tkleiza@yahoo.com](mailto:tkleiza@yahoo.com) .

This form only needs to be completed if the employee will be driving company vehicles.