



Phone: (616) 735-1500 • Toll Free: (888) 269-4743 • Fax: (616) 735-3950
1950 Waldorf NW, Ste C • Walker, MI 49544

Driving Record Authorization, Background Check & Release

I _____ give permission to WT Fleet Services Inc.
NAME PRINTED

through its agents, to conduct an appropriate background investigation of me and prepare a report. This may be used as a factor in determining my eligibility for employment in transportation, for promotion, for retention or to maintain DOT Compliance, as governed by the Fair Credit Reporting Act Public Law 91-508 and FMCSA Section 391. I understand this report may include information from personal interviews about my character, general reputation, personal characteristics and mode of living as well as public and private sources including but not limited to the acquisition of criminal records, employment records, school records, driving records or abstracts, FMCSA Drug & Alcohol Clearinghouse, etc. I authorize all persons who may have information relevant to this investigation to disclose it to WT Fleet Services and its agents, and I release all persons from any liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original. This authorization shall remain on file and in effect as an on-going authorization, for as long as I am employed, for queries and reports as needed to maintain DOT compliance.

Signature Date _____
Please sign within this box

The following information is needed to run a thorough Background Check: *Please print (or type) clearly*

- Last Name _____ First Name _____
- A.K.A. (Prev. Name, etc) _____
- Address _____
- City _____ State _____ Zip _____
- Birthdate _____ Soc Sec # _____
- Driver's License Number _____ DL State _____

Any additional driver's licenses (within the last 5 years) –

CDL Number _____ DL State _____ Est. Surrender date _____

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