Document Type **International Release Form**

Your Name

National ID Number

PUERTO RICO AUTHORIZATION FORM FOR MOTOR VEHICLE RECORDS CHECK

The purpose of this form is to obtain your authorization to conduct a Motor Vehicle Records (MVR) check. Combined Insurance (the "Company") will procure a Motor Vehicle Report for you for employment purposes from the following consumer reporting agency or agencies:

Rucar Business Information Center
and
Hire Right Solutions, Inc.
7799 Leesburg Pike
Suite 1100 North
Falls Church, VA 22043-2413
Phone: 1-800-331-9175 ext. 2998

You will be provided a copy of the MVR check if requested and will receive a copy if its contents will affect the authorization to drive on company business. A summary of your rights under the Fair Credit Reporting Act is available upon request.

Combined will conduct an MVR check annually unless the company determines a more frequent check is necessary.

(Please print name as it appears on your driver's license.)

Name:
Last_____First_____Middle_____

Date of Birth_____Driver's License Number_____State _____

Agent Code _____

AUTHORIZATION TO PROCURE MOTOR VEHICLE REPORT

By my signature below, I _____ do hereby authorize the Division of Motor Vehicles to release my driving record to Rucar Business Information Center, Hire Right Solutions, Inc. and/or Combined Insurance. I hereby authorize Combined Insurance to obtain driver's license information from any state or jurisdiction that I have been licensed to drive motor vehicles and to share this information with the appropriate company departments / officials. **I understand that my consent will apply throughout my employment unless I revoke or cancel my consent by sending a signed letter to Combined's Licensing Department.**

Signature _____ Date _____