

DISCLOSURE OF INTENT TO OBTAIN A CONSUMER REPORT

In compliance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a Motor Vehicle Report from the State in which you are licensed to operate Motor Vehicles.

Information disclosed on your Motor Vehicle Record WILL be used in the decision process for employment with our establishment.

**CERTIFICATION OF RECEIPT OF DISCLOSURE AND AUTHORIZATION TO OBTAIN
MOTOR VEHICLE RECORD**

I acknowledged that I have received a copy of the “DISCLOSURE AOF INTENT TO OBTAIN A CONSUMER REPORT”

I voluntarily authorize the release of information to Sound Native Plants, Inc. and their insurance broker, Nicholson & Associates Insurance, LLC, regarding my driving record. I hereby release all persons and entities from all liability for providing such information. I realize that this information will be obtained throughout my employment with Sound Native Plants, Inc.

I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

Signed _____ Date _____

Driver Information

Name as Licensed: _____
(Last Name, First Name, Middle Initial)

Date of Birth**: _____

Drivers License Number: _____

Licensing State: _____

** DATE OF BIRTH INFORMATION WILL BE USED ONLY TO INSURE ACCURATE INFORMATION. IT WILL NOT BE USED IN THE DECISION OF EMPLOYMENT. THE AGE DISCRIMINATION IN EMPLOYMENT ACT PROHIBITS DISCRIMINATION AGAINST PERSONS 40 YEARS AND OVER