

MOTOR VEHICLE REPORT PERMISSION

Privacy Waiver

I, _____ (*print full name*), waive my privacy rights for the purpose of obtaining an MV Report. I understand that the results of the report may have an effect on my pay rate. Although I realize that I do not have to let anyone see my MV Report, I give my permission for DelliQuadri Landscaping to request one and check my driving record.

Signature: _____ **Date:** _____

Print: _____

DOB: ____ / ____ / ____ **SSN#** ____ - ____ - ____