



MVR RELEASE FORM

As a condition of my employment, I authorize Clackamas Insurance Agency to obtain a copy of my driving record and share this information with my employer and their insurance company.

Driver Name: _____

Date of Birth: _____

Driver License #: _____

State: _____

CDL: Yes / No (circle)

Employer: _____

Employer's Fax/Email: _____

*This authorization allows Clackamas Insurance Agency to obtain a driving record anytime during your employment with the employer referenced above.

Signed by: _____ Dated: _____
(driver)

Employer – A fee of \$4 will be charged for each MVR requested/obtained from Clackamas Insurance Agency, Inc.

Signed by: _____ Dated: _____
(employer)

Clackamas Insurance Agency - Clackamas Branch Fax 503-655-2035

Clackamas Insurance Agency - Sandy Branch Fax 503-668-0705