

## NOTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION AND CONSUMER REPORTS

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This authorization and consent for release, is to allow Investigative Resource Group, (IRG), a division of Tumbling Creek, LLC and/or its agents to obtain background information and/or an investigative report in connection with application for employment, or tenancy with These reports might include, but are not limited to, searches of educational institutions attended, financial or credit agencies, records of previous employment: including work history, records from the U.S. Veteran's Administration; criminal history information on file in local, state or federal agencies; worker's compensation records; and motor vehicle records. Also, I the undersigned commercial driver, hereby authorize IRG and Company to request and obtain my driver record from the jurisdiction identified in the CDLIS Data in accordance with applicable state law, the DPPA, and the FCRA. Thereby further authorize the disclosure of my CDLIS Data and driver record to IRG and Company, and the FCRA. In the CDLIS Data in accordance with applicable state law, the DPPA, and the FCRA. Thereby further authorize the disclosure of my CDLIS Data and driver record to IRG and Company, Additionally, I authorize IRG and Company to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my acredit present of the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information neulating crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand I may challenge the accuracy of the data by submitting a request to <a href="https://diatas.finas.aich.gov/">https://diatas.finas.aich.gov/</a> (1) Years and employee. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I un

APPLICANT'S NAME:				
	First	Middle	Last	
ADDRESS:				
CITY:		STATE:	ZIP:	
PROVIDE ANY OTHER NAME	ES USED:			
DATE OF BIRTH:	SOCIAL SECURI	TY NUMBER:	<del>-</del>	
DRIVER'S LICENSE: State	Number			
LIST ALL CITIES / STATES IN	WHICH YOU HAVE RESID	DED AND WORKED IN THE L	AST TEN YEARS:	
1	2		3	
Applicant, by signature authorizes Inv Applicant authorizes that this documer authorization, they may do so in writin	nt and authorization is valid in perp	petuity, contingent upon continued em	ledges and accepts the terms and condition ployment with Company. Should Applicates 37341	ns of this instrument. it wish to rescind this
		DATE:		
SIGNATURE OF A	PPLICANT			