

**ACKNOWLEDGMENT OF EMPLOYER'S RIGHT AND NEED  
FOR MVR INFORMATION**

Date \_\_\_\_\_

Employee \_\_\_\_\_  
(Please Print)

The employee (undersigned) understands the employer must comply with statutory insurance requirements as they pertain to employee driving employer's vehicles and/or use of employee's vehicle on the job. By the signature below, the employee acknowledges and agrees that employer is entitled to receive/send proof of license(s) and/or motor vehicle reports/records (herein records), from employee and/or third parties.

Employer and employees understand that use of these records is limited to employer's obligation to comply with statutory insurance requirements and/or with the underwriting process relating to securing insurance coverage. Employer will exercise best efforts to limit use of records as herein specified.

Employee Driver License# \_\_\_\_\_

State where license issued \_\_\_\_\_

Employee Date of Birth \_\_\_\_\_

Signature of Employer \_\_\_\_\_

This form authorizes employer to check my Motor Vehicle Record periodically without further consent. This authorization expires upon termination of my employment.

Employee Signature \_\_\_\_\_

Fax or mail this form to:

KMA, Inc.  
1831 - 121st Street East  
Burnsville, MN 55337  
Fax: (952) 944-2713

Employer:

Fax or mail MVR "Attn": \_\_\_\_\_  
(Please Print)

Fax #: \_\_\_\_\_