



DMV Authorization Release

In accordance with our insurance company (Waldorf Risk Solutions, LLC) requirements, all employees of Catholic Community Service who are required to drive a vehicle per their job description or drive for the benefit of the agency using their personal vehicle (e.g. drive to the store or post office for agency business, drive to a client’s home, drive from worksite to worksite, etc.) must complete this form.

*See below for exception

This form will be used by the agency and/or Waldorf Risk Solutions, LLC to obtain a DMV driving record upon hire and every five years thereafter, for as long as employment continues with CCS.

I, _____ HEREBY AUTHORIZE Catholic Community Service and/or Waldorf Risk Solutions, LLC to access a copy of my driving record from the Department of Motor Vehicles (DMV).

Driver’s license number: _____

State of issue: _____

Date of birth: _____

Sign your full name: _____

Print your full name: _____

Date: _____

*** Exception:** I do not own a vehicle and will never drive for the benefit of CCS (including driving borrowed vehicles, driving vehicles belonging to family/friends, etc.). If at such time I obtain a vehicle and plan to drive for the benefit of CCS, I will contact Human Resources immediately.

Sign your full name: _____

Print your full name: _____

Date: _____