

Federal Drivers Privacy Protection Act
Authorization to Obtain Motor Vehicle Report

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I (**NAME OF APPLICANT**) _____ authorize Capital Bauer Insurance Company to obtain my Motor Vehicle Record. I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents, which may be on record through the New York State Department of Motor Vehicles.

I also authorize release of this information to Crisafulli Bros. Plumbing & Heating Contractors, Inc. 520 Livingston Avenue, Albany, NY 12206.

Signature

Social Security Number

Drivers License Number

State

Date of Birth

Street Address & Mailing Address

City

State

Zip Code

Date Signed: _____

*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address and telephone number. It does not include information on vehicular accidents, driving violations and driver status.

Insured: Crisafulli Bros. Plumbing & Heating Contractors, Inc.