



UPTACK

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The purpose of this form is to obtain your authorization to conduct a Motor Vehicle Records (MVR) check for use by Uptack Companies in connection with its business activities.

By my signature below, I _____, of my own free will and without duress, promises of immunity, threats, or coercion, hereby authorize Uptack Companies, and anyone acting on behalf of Uptack Companies to request, obtain, and review my motor vehicle records, and to keep those records on file. I acknowledge and understand that such records may contain personal information about me such as my name, address, drivers' license information, driving record, motor vehicle violations I may have received, and any motor vehicle accidents in which I may have been involved.

I understand that this authorization extends to Uptack Companies, as well as any of its officers, directors, employees and any third-party or agent authorized by Uptack Companies to obtain, furnish or maintain the motor vehicle records. I further understand that this authorization shall remain on file with Uptack Companies and operates as a continuing authorization for Uptack Companies as well as any person or entity acting on behalf of Uptack Companies to request, obtain, review, and maintain my motor vehicle records.

I understand that I will be provided a copy of the contents of my MVR check upon my written request and will receive a copy of its contents if it will affect my employment with, or authorization to drive for Uptack Companies.

I further understand that the results of the MVR check, and the conclusions drawn by Uptack Companies from my records, may prove unfavorable to me. I do nonetheless hold Uptack Companies, as well as its officers, directors, employees, agents, affiliates, successors, assigns and any person or entity authorized to act on its behalf, free and harmless from any, and all damages or liability resulting from an MVR check. I further release, waive, and forever discharge any, and all claims, remedies, and causes of action against Uptack Companies (including its officers, directors, employees, agents, affiliates, successors, assigns, and any person or entity authorized to act on its behalf) arising out of or related to any MVR check.

I hereby represent and warrant that I have read this Authorization in its entirety, that I fully understand its content, and that I authorize Uptack Companies to perform MVR checks and obtain driver's license information from any state or jurisdiction in which I have been licensed to drive, and to share this information with appropriate employees, agents and third parties at the sole discretion of Uptack Companies.

Driver's License # _____ **Driver's License State** _____

Date of Birth ____ / ____ / ____

Signature of Applicant or Employee _____ **Date** _____