

# AUTHORIZATION TO SECURE MOTOR VEHICLE REPORT

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I hereby authorize this company to review my Motor Vehicle Report or obtain a Motor Vehicle Report on my behalf for the use in rating and/or underwriting the automobile insurance for this company.

Driver Name \_\_\_\_\_  
(Exactly as shown on drivers license)

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

License Number \_\_\_\_\_ State Licensed \_\_\_\_\_

Signature of Employee/Potential Employee \_\_\_\_\_ Date: \_\_\_\_\_

The results of the motor vehicle report will be procured by Johnson & Bryan, insurance agent, from a third party vendor. Johnson & Bryan will advise this company that you are acceptable or unacceptable for insurance purposes.

Submit this form to Johnson & Bryan, Attn: Judy Mello

Direct Fax: (404) 575-1100

Email: [judy@j-binc.com](mailto:judy@j-binc.com)