Application for Driver Authorization

Date_____

Mountain Metro Rides
1015 Transit Drive
Colorado Springs, CO 80903

DRIVERS AUTHORITY LETTER FOR INSURANCE PURPOSES

In accordance with the Drivers Privacy Protection Act, I am submitting this letter as approval for review of my MVR by Mountain Metro Rides to determine insurability.

I am aware that consumer and motor vehicle reports may be obtained as part of the Mountain Metro Rides evaluation of my vanpool driver application. The reports may by procured by Mountain Metro Rides and/or their insurance company to include all company representatives. This may include personal information obtained from state motor vehicle departments, my driving record, and an assessment of my insurability for the insurance program or other consumer reports.

By signing this letter, I hereby provide my authorization for Mountain Metro Rides and/or their insurance company representative to procure such information and reports, as well as, additional reports about me from time to time, as deemed appropriate to evaluate my insurability or for other permissible purposes.

Sincerely,

_____
Signature of applicant

_____
Printed Name (as it appears on driver's license)

_____
Driver's license number and state of issuance

_____
Date of birth (month, day, year)