By my signature below, I authorize The Board of Commissioners of the County of Allen to obtain records from the Indiana Bureau of Motor Vehicles (“BMV”) that include personal information. This authorization to obtain Indiana Bureau of Motor Vehicle (“BMV”) records allows the Board of Commissioners to obtain from the BMV and review my driving record periodically for the purpose of initial and continued employment. This authorization is effective for so long as I am a candidate for employment or an employee of the Board of Commissioners of the County of Allen. This authorization is not effective following the termination of my employment for any reason.

Employee Name:­ Last Name First Name Middle Name

Department: Department Name

Date of Birth: mm/dd/yyyy

Driver’s License Number: - -

Contact Number: (Area Code) - - - - - - - -

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Date: Click or tap to enter a date.