

PERMISSION TO OBTAIN DRIVING RECORD

I understand that as a normal part of my duties, I am required to drive a company vehicle. I understand that I must be added to company insurance to drive company vehicles. I understand that my driving record is subject to future, periodic reviews. By completing and signing this form, I give permission to QM Resorts and its insurance agent to obtain and review a copy of my driver license (MVR) record both now and in the future.

Please print:

First Name MI Last Name

Address City State Zip

Date of Birth Driver License Number State

Signature Date