



980 MEMOREX DRIVE
SANTA CLARA, CA 95050
(408) 244-9848, FAX (408) 330-9256

MOTOR VEHICLE REPORT (MVR) RELEASE/PERMISSIONS

Date: _____

To: M.A.K. Associates, Inc. dba Playgrounds Unlimited Employees

I am aware Motor Vehicle Reports (MVRs) may be obtained as part of M.A.K. Associates, Inc. dba Playgrounds Unlimited's evaluation of my job application and employment. The reports may be procured by M.A.K. Associates, Inc. dba Playgrounds Unlimited or its insurance company representative(s).

I hereby authorize M.A.K. Associates, Inc. dba Playgrounds Unlimited and their insurance company representative(s) to procure these reports.

I understand this review is necessary for the protection of my employer and the insurance provider, and my ability to operate company vehicles depends on a safe driving record.

Signature Applicant/Employee

Signature Witness

Name as it appears on Driver License

Witness Name

Driver License Number/State of Issuance

Date of Birth