

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to South Central Coop for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1. of Public Law 104-208), I hereby certify the following:

1. The applicant has authorized in writing the procurement of this report.
2. The applicant has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purposes;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the applicant will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer-reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

For: iiX

3011 Earl Rudder Pwy S
College Station, Texas 77845

The following named person has made application with South Central Coop or is employed with South Central Coop in the position of _____. In accordance with Section 391.23, and/or 391.25 Federal Department of Transportation Regulations, applicant authorizes iiX to furnish South Central Coop with the employee's driving record. This authorization shall remain in effect over the course of the employment and reports may be ordered periodically during the course of the employment.

Name of Applicant/Driver _____

Address _____
(Street) (City) (State) (Zip Code)

Date of Birth _____ SSN _____ License No _____

Requested by:

South Central Coop
118 N. Meyer Ave
Lacona, Iowa 50139

Jolene Dittmer
HR & Safety

(signature)