



Waltz Sheridan Crawford, Inc. – A Tradition Continues

Authorization for Driving Record Report

I authorize my employer, prospective employer, or agency named below and WSC Insurance as their insurance agent or any of their insurance companies to check my driving record and/or claim history. I understand that any information collected will be used by the insurance agency or insurance companies for business automobile insurance underwriting purposes and may affect my ability to drive for this employer/agency or qualify for employment or volunteer opportunities. This authorization is valid for future driving record inquiries for as long as I maintain employment or a volunteer position with the employer/agency named below.

Full Name (Please Print)

Date of Birth

Drivers License Number	State	Commercial Drivers License?	
		YES	NO

Signature

Date

Employer

Fax: 503-716-1022 Email: info@wscinsurance.com