RTS SHEARING, LLC PO Box 1177 Jamestown, ND 58402 701.252.8608 FAX-701.252.1809

AUTHORIZATION TO INVESTIGATE MOTOR VEHICLE DRIVING RECORD

I understand that investigative background inquiries may be periodically made on me concerning my driver's license, motor vehicle driving record and reports. I hereby authorize RTS Shearing, LLC and its agents, officers, directors, employees and insurance agents to make inquiries relating to my suitability to drive Company owned or leased vehicles. This information is to be gathered in accordance with the Drivers Protection Act.

According to the Fair Labor Credit Reporting act (Law 91-508) § 604: Permissible purposes of consumer reports, § 606: disclosure of investigative consumer reports, and § 613: Public record information for employment purposes, if I am declined to drive Company owned or leased vehicles due to this information, I understand this information will be disclosed to me, along with the name and address of the agency that compiled the information.

I authorize without reservation, and direct any party or agency contacted in this investigation to furnish the above-mentioned information. I hereby further certify that a copy of this authorization may be considered as valid as the original.

By signing this authorization, I hereby release and discharge RTS Shearing, LLC, and its subsidiaries, and their parent's and affiliate's officers their entities, their employees, their agents, their officers, their directors, and any party or agency contacted from any and all claims that may now and in the future arise from or are in any way related to any information obtained during these inquiries.

Date:	Date of Birth:	Soc Sec #		
Applicant's Signature		Driver's Lie	ense Number State	Expiration Dat
Applicant 3 Signature		Dilver's Lie	ense rumber state	Expiration Dat
Applicant's Name – PRINTE	ED exactly as it appears	s on the driver'	s licenses	
Print – Street Address	City	State	Zip Code	
Thank You				

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