

Mississippi Band of Choctaw Indians
101 Industrial Road
Choctaw, MS 39350

MOTOR VEHICLE
REQUEST
AUTHORIZATION FORM

Date

I am aware that motor vehicle reports may be obtained as part of MBCI's evaluation of my job application and/or employment. These reports may be procured by MBCI and may include personal information obtained from state motor vehicle departments, my driving record, tribal traffic violations and or convictions of driving under the influence in tribal courts, and any other information contained in such reports.

By signing this form, I hereby provide my authorization for MBCI to procure such reports about me from time to time as deemed appropriate for employment purposes.

I further certify that I have in effect, and I will maintain liability coverage equal to or in excess of the minimum limits required in accordance with Mississippi State Law and Miss. Code. Ann. '63-15-43 on any personally owned motor vehicle on a reimbursable basis used for purposes related to my employment with MBCI. I will further agree to notify MBCI in the event my drivers' license is revoked or suspended, or if I fail to have in effect automobile liability insurance as stated above.

Signature Applicant/Employee

Location (Program)

Print Name as it appears on Driver's License

Job Title

Driver's License Number/State of Issuance

Social Security Number

Date of Birth (Month/Day/Year)

(Revised December 2015)