SambaSafety Account #D25

Virgin Islands Authorization for Release of Driving Record (Employment)

I, _____ do hereby authorize and allow **SambaSafety, Inc**., acting as an agent on my behalf, to obtain a copy of my driver's license abstract information which will be used for verification of information for Employment purposes.

Full Name (Please Print): _____

License Number: _____

Date of Birth: _____/_____/_____

Social Security Number: _____

Reference: _____

Place of Birth: _____/_____/_____
City State Country

Signature: _____