



Motor Vehicle Record Release Form

To Whom It May Concern:

I understand that if my position requires operating a vehicle for County business, proof of a valid driver's license will be required after hire. Please be advised that I, _____, hereby authorize the County of Cumberland to obtain a copy of my New Jersey Motor Vehicle Abstract in connection with my employment with the County of Cumberland and to be used for the purpose of adding me as an authorized driver under the County of Cumberland's automobile insurance coverage.

I hereby give my permission to the County of Cumberland to release my Motor Vehicle Abstract to their auto liability and physical damage insurance representatives for review.

I hereby certify that I possess and have attached a copy of my valid: (check one)

- _____ New Jersey Driver License
- _____ New Jersey Driver License with Bus Driver Endorsement
- _____ New Jersey Auto Articulated Endorsement

I further certify that should my license or endorsement "be invalidated, suspended or" become invalid for any reason, I will not operate any motor vehicle as part of my employment and will immediately notify my supervisor.

The County of Cumberland has the authority to obtain a copy of my New Jersey Motor Vehicle Abstract at any time throughout my employment.

Signature

Date

Driver's License Number: _____

Date of Birth: _____

Completed forms must be returned to HR hr@co.cumberland.nj.us