

**DISCLOSURE UNDER  
FAIR CREDIT REPORTING ACT  
AND  
CONSENT TO PROCUREMENT OF  
CONSUMER REPORT  
FOR  
EMPLOYMENT PURPOSES**

The undersigned hereby authorizes the \_\_\_\_\_,  
Name of Employer

or its insurance agency Knight Crockett Miller Insurance Group, or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

Drivers License Number: \_\_\_\_\_

State: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\*\*Please fax to Knight Crockett Miller @ 419-321-5280. Once received, we will secure the above requested driving record information and advise you whether or not the driver is eligible to be added to your auto insurance.