

Investigative Resource Group

NOTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION AND CONSUMER REPORTS

This authorization and consent for release, is to allow Investigative Resource Group, (IRG), a division of Tumbling Creek, LLC and/or its agents to obtain background information and/or an investigative report in connection with application for employment, continued employment, or tenancy with _____. These reports might include, but are not limited to, searches of educational institutions attended, financial or credit agencies, records of previous employment; including work history, records from the U.S. Veteran's Administration; criminal history information on file in local, state or federal agencies; worker's compensation records; and motor vehicle records. Also, I the undersigned commercial driver, hereby authorize IRG and Company to request or access data pertaining to me within the Commercial Driver License Information System ("CDLIS"), to obtain all CDLIS master pointer record data relating to me ("CDLIS Data"), and to request and obtain my driver record from the jurisdiction identified in the CDLIS Data in accordance with applicable state law, the DPPA, and the FCRA. I hereby further authorize the disclosure of my CDLIS Data and driver record to IRG and Company. Additionally, I authorize IRG and Company to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist Company to make a determination regarding my suitability as an employee. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Applicant and Company, by affixing their signatures hereto acknowledge that these searches will be used to determine Applicant's employment / tenant eligibility. Applicant and Company, by affixing their signatures hereto authorize and consent to the full release of records (either orally or in writing) to the authorized representatives of IRG. They agree that a fax or photocopy of this authorization bearing our signatures will be accepted with the same authority as the original. In addition, they release and discharge IRG and Company and their agents, employees, successors, assigns and associates to the extent permitted by law from any claims, damages, losses, liabilities, costs, expenses, or any other charge or complaint filed with any agency or court arising from retrieving and reporting this information. We understand that this release will apply to any future updated reports that may be requested. In accordance with the Fair Credit Reporting Act, 15 U.S.C., et seq. We are entitled to receive, upon written request to Investigative Resource Group, Post Office Box 747 Harrison, TN 37341, additional information regarding the nature and scope of the background check, as well as receive a written summary of my rights under the Fair Credit Reporting Act.

We certify that the information set forth below is complete and true. We have read this release, consent to and understand its terms, realize its significance, and sign it voluntarily.

APPLICANT'S NAME: _____
First Middle Last

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROVIDE ANY OTHER NAMES USED: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVER'S LICENSE: State _____ Number _____

LIST ALL CITIES / STATES IN WHICH YOU HAVE RESIDED AND WORKED IN THE LAST TEN YEARS:

1. _____ 2. _____ 3. _____

Company, by signature authorizes Investigative Resource Group to perform the requested services and acknowledges and accepts the terms and conditions of this instrument and agrees to comply with all state and federal laws regarding this information.

SIGNATURE OF CLIENT TITLE DATE: _____

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| Services Requested (please check all that apply) | | |
| <input type="checkbox"/> Local Criminal History County/State(s): _____ _____ | <input type="checkbox"/> Liens / Judgments <input type="checkbox"/> Educational Background <input type="checkbox"/> Employment History <input type="checkbox"/> Professional Licenses <input type="checkbox"/> Sex Offender Registry <input type="checkbox"/> Drug Screening <input type="checkbox"/> Civil Litigation History | <u>Motor Vehicle Requests</u> <input type="checkbox"/> MVR - State _____ <input type="checkbox"/> PSP <input type="checkbox"/> CDLIS |
| <input type="checkbox"/> Nationwide Criminal History <input type="checkbox"/> Social Security Verification | | |