

**CONSENT TO RELEASE DRIVER RECORD**  
**BY**  
**EMERGENCY SERVICE ORGANIZATION VOLUNTEER/EMPLOYEE**

Augusta County  
Attn: Minday Craun  
Fax: 1-540-245-5356

Re: Motor Vehicle Driver Records ("MVR")

Minday:

I understand that my driver record, including driver information and data about my driver's license status and driver activity, may be obtained as part of the Augusta County's ("Emergency Service Organization" or "ESO") evaluation of my application to drive emergency vehicles owned and operated by the Emergency Service Organization.

I also understand that my driver record is considered a consumer report under the Fair Credit Reporting Act (as amended by the Fair and Accurate Credit Transactions Act of 2003, Pub.L. 108-159, Dec. 4, 2003) and that my driver record is protected by the Federal Driver's Privacy Protection Act (18 USC §§2721-2725). I hereby give written consent and grant permission to the TN Department of Safety, VA Department of Motor Vehicles and any MVR service company, whichever is applicable, to obtain, disclose, and provide a copy of my driver record to the ESO for emergency service membership evaluation and assignment purposes and to J. Mark Bowery Insurance, Inc., the ESO's insurance company and its insurance representatives for the purpose of underwriting insurance procured by the ESO.

By signing this Consent, I hereby give my written consent and authorize the Emergency Service Organization, the ESO insurance company and its insurance representatives, including J. Mark Bowery Insurance, Inc., to procure my driver record from time to time, as it deems appropriate as long as I am a member of the ESO, to evaluate my insurability under the ESO's insurance coverages and for other purposes authorized by law.

I understand that my driver record will be obtained by J. Mark Bowery Insurance, Inc., which provides the ESO with a general assessment of its members' insurability under the ESO's insurance coverages.

Read, Understood and Agreed,

\_\_\_\_\_  
Signature of Volunteer/Employee

**PLEASE PRINT THE INFORMATION BELOW AS SHOWN ON YOUR DRIVER'S LICENSE**

\_\_\_\_\_  
Name of Volunteer/Employee

\_\_\_\_\_  
State of Driver's License

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date of Birth