

**DRIVER'S LICENSE DISCLOSURE AND RELEASE**

In connection with my application for membership with the **Arvin Hart Fire Company of the Stillwater Fire District** I understand that consumer reports, which may contain public record information, may be requested and obtained.

**I authorize without reservation, any party or agency contacted to furnish the above mentioned information.**

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization named above to procure Motor Vehicle Reports at any time during my membership.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**Today's Date**

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

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

\_\_\_\_\_  
**9 digit driver's License Number**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**License Class**