

DRIVER'S APPLICATION FOR EMPLOYMENT

PACKAGE PAVEMENT CO., INC.
RED WING PROPERTIES, INC.
STORMVILLE TRUCKING CO., INC.
P.O. BOX 408
STORMVILLE, NY 12582
(845) 221-2224

All persons shall have the opportunity to be considered for employment without regard to their race, creed, color, religion, national origin or ancestry, citizenship, age, sex, non-job related handicap or disability, marital status, liability for service in the Armed Forces of the United States, or any other characteristic protected by applicable federal, state or local laws. Package Pavement Company, Inc. will endeavor to make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability, unless the accommodation would impose an undue hardship on our business.

(PLEASE PRINT)

Date of Application: _____

Position(s) Applied For: _____

Referral Source _____ Advertisement _____ Friend _____ Relative _____ Walk-In _____ Employment Agency _____ Other _____

Name: _____

Address: _____ City, State, Zip _____

Telephone: (____) _____ Social Security No: _____ - _____ - _____

ADDRESS FOR PAST THREE YEARS	_____	_____	_____	How Long? _____
	Street	City	State & Zip	
	_____	_____	_____	How Long? _____
	Street	City	State & Zip	

Are you legally eligible for employment in this country? _____ Yes _____ No
(Proof of citizenship or immigration status is required upon employment.)

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____ Yes _____ No
(Required for Truck Drivers)

Have you filed an application here before? _____ Yes _____ No If yes, give date: _____

Have you ever been employed here before? _____ Yes _____ No If yes, give date: _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

May we contact your present employer? _____ Yes _____ No

Type of employment desired _____ Full Time _____ Part Time _____ Shift Work _____ Temporary

Are you on a lay-off and subject to recall? _____ Yes _____ No

Can you travel if a job requires it? _____ Yes _____ No

What is your desired salary range? \$ _____

On what date would you be available for work? _____
(Unavailability for work because of a religious observance or practice does not necessarily disqualify a candidate. We will consider whether a reasonable accommodation can be made in evaluating your application for employment.)

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a position with the company? Yes No

If Yes, please explain _____

Have you ever been convicted of a crime which has not been expunged or sealed by a court? Yes No
 (Conviction will not necessarily disqualify applicant from employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation.)

EDUCATION

	ELEMENTARY				HIGH SCHOOL				COLLEGE/ UNIVERSITY				GRADUATE/ PROFESSIONAL				
School Name																	
Years Completed: (Please Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4

Show any trucking, transportation or other experience.

List courses and training other than shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

Accident History for Past 3 Years (attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, etc.)	FATALITIES	INJURIES	CHEMICAL SPILL?
Last Accident				<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous				<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous				<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations) (attach sheet if more space is needed)

If no traffic convictions and/or forfeitures in the last 3 years – check here <input type="checkbox"/>			
DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____	_____	_____
State	License Number	Expiration Date
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details _____		
B. Has any license, permit, or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details _____		

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		OR	APPROX. NO. (OF MILES)
		FROM	TO		
Straight Truck					
Tractor and Semi-Trailer					
Tractor - Two Trailers					
Other					

List states operated in for last five years _____

EMPLOYMENT HISTORY (Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address, street number and name, city, state and zip code.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer	Telephone ()	Dates Employed From:	To:
Address:	City, State, Zip	Position:	
Duties:	Supervisor's Name:		
Reason for leaving: _____		Starting Salary/Wages: _____	Final Salary/Wages: _____
Were you subject to FMCRs** while employed? ___ Yes ___ No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? ___ Yes ___ No			
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____			

Employer	Telephone ()	Dates Employed From:	To:
Address:	City, State, Zip	Position:	
Duties:	Supervisor's Name:		
Reason for leaving: _____		Starting Salary/Wages: _____	Final Salary/Wages: _____
Were you subject to the FMCR's**while employed? ___ Yes ___ No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No			
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____			

Employer	Telephone ()	Dates Employed From:	To:
Address:	City, State, Zip	Position:	
Duties:	Supervisor's Name:		
Reason for leaving: _____		Starting Salary/Wages: _____	Final Salary/Wages: _____
Were you subject to the FMCR's**while employed? ___ Yes ___ No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No			
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____			

*Any gaps in employment, and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY (continued)

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer	Telephone ()	Dates Employed From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
Reason for leaving: _____		Starting Salary/Wages: _____	Final Salary/Wages: _____
Were you subject to the FMCRs** while employed? ____ Yes ____ No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____ Yes ____ No			
*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____			

Employer	Telephone ()	Dates Employed From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
Reason for leaving: _____		Starting Salary/Wages: _____	Final Salary/Wages: _____
Were you subject to FMCRs** while employed? ____ Yes ____ No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? ____ Yes ____ No			
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____			

Employer	Telephone ()	Dates Employed From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
Reason for leaving: _____		Starting Salary/Wages: _____	Final Salary/Wages: _____
Were you subject to the FMCR's** while employed? ____ Yes ____ No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____ Yes ____ No			
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____			

Employer	Telephone ()	Dates Employed From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
Reason for leaving: _____		Starting Salary/Wages: _____	Final Salary/Wages: _____
Were you subject to the FMCR's** while employed? ____ Yes ____ No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____ Yes ____ No			
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____			

*Any gaps in employment, and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Give name, address and telephone number of three references who are not related to you and are not previous employers.

NAME	ADDRESS	PHONE

APPLICANT'S STATEMENT

I have read and fully understand the questions asked in this application. I certify that this application was completed by me, and that the answers given herein are true, accurate and complete to the best of my knowledge. In the event of employment I understand that falsifications, the omission and/or misrepresentation of any information given in my application or interview(s) may be cause for immediate dismissal regardless of the timing or circumstances of discovery.

I understand that this employment application is not, and is not intended to be, a contract of employment. I understand that no management representative other than the President is authorized to enter into or make an oral agreement establishing any contractual obligation. I understand that my employment is voluntarily entered into, that I am free to resign at any time, and that the Company may terminate the employment relationship whenever it is in its best interests to do so.

If hired, I agree to abide by all rules and regulations of the Company. I understand that any employment by the Company will be on a three month introductory basis.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

“I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the correct information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature of Applicant

Date

9/04

The Package Pavement & Stormville Trucking Companies

DRIVER HISTORY FORM

Driver's Name (Print): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Office Location: _____

1. Do you have a valid Driver's License? Yes No

2. In what State are you a Licensed Driver? _____

3. If you have held a license in any other state during the past 36 months, please provide the following information:

Dates		State
From _____	to _____	_____
From _____	to _____	_____
From _____	to _____	_____

4. Have you been convicted of driving while impaired or under the influence of alcohol and/or drugs within the past three years? Yes () No () If Yes, give explanation(s) and date(s):

5. Have you refused to submit to a Blood Alcohol Content (BAC) test or drug test within the past three years? Yes () No () If Yes, give explanation(s) and date(s):

6. Have you been convicted of reckless driving, or leaving the scene of an accident, or committing a felony involving a vehicle within the past three years? Yes () No () If Yes, give explanation(s) and date(s):

7. Have you had your operator's license suspended, revoked or administratively restricted within the past three years? Yes () No () If Yes, give explanation(s) and date(s):

8. Have you been convicted or found at fault for any non-fatal accident involving a motor vehicle during the past three years? Yes () No () If yes, list the date(s):

9. Have you been convicted or found at fault for any fatal accidents involving a motor vehicle during the past three years? Yes () No () If Yes, list the date(s):

10. Have you been convicted of any other moving vehicle violations during the past three years? Yes () No () If yes, list type(s) and date(s):

I certify that the answers provided to the questions on this form are true to the best of my knowledge.

I authorize the Package Pavement Co., Inc. and Stormville Trucking Co. or its designated representative(s) to obtain information regarding my driving record in any state at any time while I am employed by (or seeking employment with) the company.

I understand that any misstatement of the facts on this form may be grounds for termination of employment.

In the event that my MVR indicates that I am a "High Risk Driver" as defined in the glossary of the Fleet Safety Program, I understand that I may not be hired or if I am a current employee I may be subject to dismissal.

Driver's signature

Date

_____-_____-_____
Social Security Number

____ Male ____ Female
Sex

Date of Birth

Driver's License Number

Expiration Date

State

Important Note: Attach photocopy of both sides of driver's license

REQUEST FOR INFORMATION AND SAFETY PERFORMANCE HISTORY RECORDS REQUEST FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to **Package Pavement Co. Inc. & Affiliates**
for the purpose of investigation as required by Section 391.23 and 40.25 of the Federal Motor Carrier Safety Regulations to:

Package Pavement Company, Inc./Stormville Trucking Co., Inc.
Attention: Tricia Miyoshi
P. O. Box 408, 675 Leetown Road
Stormville, NY 12582

Telephone: 845-221-2224
Fax: 845-221-0433
Email: HR@Packagepavement.com

Applicant's Signature: _____ Date: _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

___ Mailed, Date: _____
___ Faxed, Date: _____
___ Emailed, Date: _____
___ Received by Phone, Date: _____

Name of Person Contacted: _____

Name of Applicant: _____

Social Security No.: _____

Date of Birth: _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as Truck Driver
and states that he/she was employed by you as _____ from (m/y) _____ to
(m/y) _____.

In accordance with Section 391.23, and 40.25, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) _____. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail or email. (See top of form for information)

TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes ___ No ___
Employed as _____ from (m/y) _____ to (m/y) _____
If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here ___

SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicle for you ___ Yes ___ No ___ If yes, what type? Straight Truck ___ Tractor-Semitrailer ___ Bus ___
Cargo Tank ___ Doubles/Triples ___ Other (Specify) _____

2. Reason for leaving your employ: Discharged ___ Resignation ___ Lay Off ___ Military Duty ___
If there is no safety performance history to report, check here ___, sign and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies. _____

Any other remarks: _____

Signature: _____

Title: _____ Date: _____

SECTION 3: DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____. Complete bottom of Section 3, sign and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes No
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? Yes No
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? Yes No
If yes, please send documentation back with this form.
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? Yes No

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____ Company: _____
Street: _____ City, State, Zip _____

Section 3 Completed by (Signature): _____

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other

By: _____ Date: _____

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mailed Emailed Telephone

Date: _____ Other _____

PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.



SECTION 4: REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Please indicate your opinion by placing a check mark (√) in the appropriate column.

CHARACTERISTICS	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
Disposition, Tact, Ability to Get along with others Initiative, Resourcefulness	()	()	()	()	()
Safety Habits	()	()	()	()	()
Driving Skill	()	()	()	()	()
Attitude	()	()	()	()	()
Loyalty	()	()	()	()	()
Attendance/Tardiness	()	()	()	()	()
Completion of Logs/Paperwork	()	()	()	()	()
Equipment Maintenance	()	()	()	()	()
Customer Satisfaction	()	()	()	()	()

1. Salary \$ _____ per _____
2. Was his/her general conduct satisfactory ? _____
3. Is the applicant eligible for re-hire ? _____ YES _____ NO
If no, Please Explain _____
4. Please Answer (YES/NO) : _____ Customer Complaints _____ Late Deliveries _____ Damage to Freight
5. Any other remarks _____

Signature of Person Completing Reference: _____ Company Name: _____
 Title: _____ Date: _____

If information to complete this form was received by phone, please sign and date below.

 PACKAGE PAVEMENT – HR Representative Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize release of the following information to **Package Pavement Co. & Affiliates** for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Applicant's Signature/Employee Signature

Date

Name of Applicant/Driver

Address

Former Address

Date of Birth

License Number

State License Held

I hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of **the Driver's Privacy Protection of 1994** (Public Law 103-22, Title XXX, Section 300002(a)).

REQUESTED BY

Signature of Requester

Date

Print Name of Requester

Title

Package Pavement Company & Affiliates
P.O. Box 408, 675 Leetown Road
Stormville, NY 12582

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with Package Pavement Co. ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Package Pavement ("Prospective Employer") 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 consenting to 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 the Prospective Employer 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 am challenging 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 have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.



GENERAL CONSENT FOR RELEASE OF PERSONAL INFORMATION



Background

The federal Driver's Privacy Protection Act (DPPA) designates certain information in motor vehicle records as *Personal Information*. Personal information includes a motorist's photograph, social security number, date of birth, driver license number, non-driver ID number, name, address (except for 5-digit zip code), telephone number, and medical or disability information. Public information includes reportable accidents, driving convictions, driver status and vehicle information. Most motor vehicle records contain personal and public information. Please note, if we are authorized to release personal information, we will not release social security number, phone number, photograph, medical or disability information.

The DPPA also limits the reasons (*permissible uses*) for which the Department of Motor Vehicles may release records containing personal information. Copies of the DPPA, and the permissible uses available in New York State, are printed on forms MV-15DPPA and MV-15PU.

Some requesters may request a copy of a record only if they have permission from the person named in the record. This form provides evidence (*signed authorization*) of that permission.

Instructions for Motorists

The motorist is the person named in a motor vehicle record. The record requester is the person requesting information about the motorist. To complete this form, print your name in the blank marked *Motorist*. Print the record requester's name in the blank marked *Record Requester*. Then visit a notary public. In the presence of the notary, sign on the line marked *Motorist's Signature*, then give this form to the notary to notarize.

After it is notarized, give this form to the record requester.

Instructions for Record Requesters

You may request someone else's motor vehicle record containing personal information only if you have a permissible use as defined in the DPPA. You may face criminal penalties and civil liabilities if you request a record for which you do not have a permissible use. Having the motorist's permission is a permissible use. This form, properly completed and notarized, is evidence of the motorist's permission.

Keep a copy of this form for five years after you receive the record you requested.

I, _____, authorize the New York State Department of Motor Vehicles
(Motorist)
to disclose or otherwise make available to _____ personal information about
(Record Requester)
me obtained by the Department in connection with a motor vehicle record.

Motorist's Signature

STATE OF _____ ss:

COUNTY OF _____

On this _____ day of _____ before me personally appeared
(month) (year)
_____, to me known and who by me being duly sworn, acknowledged
(Motorist)

to be the person described in and who executed the foregoing consent and who acknowledged to me that he/she executed the same for the purpose therein stated.

Notary Public

DRIVER'S PRIVACY PROTECTION ACT

(18 U.S.C. §2721 et seq.)

PROHIBITION ON RELEASE AND USE OF CERTAIN PERSONAL INFORMATION FROM STATE MOTOR VEHICLE RECORDSSEC. 2721. PROHIBITION ON RELEASE AND USE OF CERTAIN PERSONAL INFORMATION FROM STATE MOTOR VEHICLE RECORDS.

(a) In General. A State department of motor vehicles, and any officer, employee, or contractor, thereof, shall not knowingly disclose or otherwise make available to any person or entity:

(1) personal information, as defined in 18 U.S.C. §2725(3), about any individual obtained by the department in connection with a motor vehicle record, except as provided in subsection (b) of this section; or

(2) highly restricted personal information, as defined in 18 U.S.C. §2725(4), about any individual obtained by the department in connection with a motor vehicle record, without the express consent of the person to whom such information applies, except uses permitted in subsections (b)(1), (b)(4), (b)(6), and (b)(9): Provided, That subsection (a)(2) shall not in any way affect the use of organ donation information on an individual's driver's license or affect the administration of organ donation initiatives in the States.

(b) Permissible Uses. -Personal information referred to in subsection (a) shall be disclosed for use in connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls, or advisories, performance monitoring of motor vehicles and dealers by motor vehicle manufacturers, and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of titles I and IV of the Anti-Car Theft Act of 1992, the Automobile Information Disclosure Act (15 U.S.C. §1231 et seq.), the Clean Air Act (42 U.S.C. §7401 et seq.), and chapters 301, 305, and 321-331 of title 49 (49 U.S.C. §30101 et seq., §30501 et seq., §32101 et seq., §33101 et seq.), and, subject to subsection (a)(2), may be disclosed as follows:

(1) For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a Federal, State, or local agency in carrying out its functions.

(2) For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.

(3) For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only -

(A) to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and

(B) if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual.

(4) For use in connection with any civil, criminal, administrative, or arbitral proceeding in any Federal, State, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, or local court.

(5) For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.

(6) For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.

(7) For use in providing notice to the owners of towed or impounded vehicles.

(8) For use by any licensed private investigative agency or licensed security service for any purpose permitted under this subsection.

(9) For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under Chapter 313 of title 49 [49 U.S.C. §31301 et seq.].

(10) For use in connection with the operation of private toll transportation facilities.

(11) For any other use in response to requests for individual motor vehicle records if the State has obtained the express consent of the person to whom such personal information pertains.

(12) For bulk distribution for surveys, marketing or solicitations if the State has obtained the express consent of the person to whom such personal information pertains.

(13) For use by any requester, if the requester demonstrates it has obtained the written consent of the individual to whom the information pertains.

(14) For any other use specifically authorized under the law of the State that holds the record, if such use is related to the operation of a motor vehicle or public safety.

(c) Resale or Redisclosure. - **An** authorized recipient of personal information (except a recipient under subsection (b)(11) or (12)) may resell or redisclose the information only for a use permitted under subsection (b) (but not for uses under subsection (b)(11) or (12)). **An** authorized recipient under subsection (b)(11) may resell or redisclose personal information for any purpose. An authorized recipient under subsection (b)(12) may resell or redisclose personal information pursuant to subsection (b)(12). **Any** authorized recipient (except a recipient under subsection (b)(11)) that resells or rediscloses personal information covered by this chapter [18 U.S.C. §2701 et seq.] must keep for a period of 5 years records identifying each person or entity that receives information and the permitted purpose for which the information will be used and must make such records available to the motor vehicle department upon request.

(d) Waiver Procedures. - A State motor vehicle department may establish and carry out procedures under which the department or its agents, upon receiving a request for personal information that does not fall within one of the exceptions in subsection (b), may mail a copy of the request to the individual about whom the information was requested, informing such individual of the request, together with a statement to the effect that the information will not be released unless the individual waives such individual's right to privacy under this section.

(e) Prohibition on conditions. No State may condition or burden in any way the issuance of an individual's motor vehicle record as defined in 18 U.S.C. §2725(1) to obtain express consent. Nothing in this paragraph shall be construed to prohibit a State from charging an administrative fee for issuance of a motor vehicle record.

Sec. 2722. Additional unlawful acts

(a) Procurement for Unlawful Purpose. - It shall be unlawful for any person knowingly to obtain or disclose personal information, from a motor vehicle record, for any use not permitted under section 2721(b) of this title.

(b) False Representation. - It shall be unlawful for any person to make false representation to obtain any personal information from an individual's motor vehicle record.

Sec. 2723. Penalties

(a) Criminal Fine. - A person who knowingly violates this chapter shall be fined under this title.

(b) Violations by State Department of Motor Vehicles. - Any State department of motor vehicles that has a policy or practice of substantial noncompliance with this chapter shall be subject to a civil penalty imposed by the Attorney General of not more than \$5,000 a day for each day of substantial noncompliance.

Sec. 2724. Civil action

(a) Cause of Action. - A person who knowingly obtains, discloses or uses personal information, from a motor vehicle record, for a purpose not permitted under this chapter shall be liable to the individual to whom the information pertains, who may bring a civil action in a United States district court.

(b) Remedies. - The court may award -

- (1) actual damages, but not less than liquidated damages in the amount of \$2,500;
- (2) punitive damages upon proof of willful or reckless disregard of the law;
- (3) reasonable attorneys' fees and other litigation costs reasonably incurred; and
- (4) such other preliminary and equitable relief as the court determines to be appropriate.

Sec. 2725. Definitions

In this chapter -

- (1) "motor vehicle record" means any record that pertains to a motor vehicle operator's permit, motor vehicle title, motor vehicle registration, or identification card issued by a department of motor vehicles;
- (2) "person" means an individual, organization or entity, but does not include a State or agency thereof; and
- (3) "personal information" means information that identifies an individual, including an individual's photograph, social security number, driver identification number, name, address (but not the 5-digit zip code), telephone number, and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver's status;
- (4) "highly restricted personal information" means an individual's photograph or image, social security number, medical or disability information; and
- (5) "express consent" means consent in writing, including consent conveyed electronically that bears an electronic signature as defined in section 106(5) of Public Law 106-229 [35 U.S.C. §7006(5)].