



Dear Employment Customer:

According to Section 39-06.2 of North Dakota law, the North Dakota Department of Transportation provides employers and prospective employers of CDL drivers the full information regarding the driving record of a person who has been issued a commercial driver's license.

Under this new law, you are required to collect the written permission of the driver **prior to making the MVR request and must retain the written consent for a minimum of one (1) year.** Implied consent via the phone or Internet is not acceptable under North Dakota state law. The state of North Dakota will perform periodic audits requiring you to supply us (USIS) with a copy of the signed driver's release.

The good news is you will now obtain the complete driving history on North Dakota MVR requests made on CDL drivers. You now receive all 0, 1 and 2 point violations that were previously only available directly from the State with the signed driver's release.

It is very important that you obtain and retain the driver's signed release prior to submitting the MVR request for CDL employment purposes. You will find a sample release attached with this document. Or, you may use your own form containing similar language. Please make all of your employees aware of this new requirement. You are encouraged to contact Customer Satisfaction at 800-322-9651 or csmail@usis-csd.com with any questions.

Sincerely,

USIS Commercial Services Division



CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT DISCLOSURE

In connection with your employment or application for employment (including independent contractor assignments, if applicable) and in accordance with pertinent laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") related to information concerning you: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), academic history, verification of references and verification of other information supplied by you, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, accident history, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records and information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other Information sources (collectively, "Suppliers").

Upon providing proper identification and subject to applicable legal requirements and restrictions, you have the right to request the nature and substance of all Information in USIS's files pertaining to you, as well as information including, but not limited to: (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within certain statutorily-prescribed time periods preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **consumer credit report or investigative consumer report** if one is obtained or assembled by USIS. Pursuant to the California Civil Code, during normal business hours you may view the file maintained on you by USIS. You may also obtain a copy of this file by submitting proper identification and paying any statutorily-prescribed costs for such file by contacting USIS in person, by mail or by phone. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you provided that this person furnishes proper identification.
- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.
- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize USIS to obtain Information and disclose Information to its customers ("Customers"), if applicable, for the purpose of making a determination as to my eligibility for employment (including independent contractor assignments), promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and USIS Customers, if applicable, to retain this document on file to act as ongoing authorization for the procurement and assembly of Reports at any time during my employment or contract period. As permitted by law, I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this document. I agree that Information in USIS's possession and my employment history with Customers if I am hired or contracted may be supplied by USIS to other USIS Customers for legally permissible purposes.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, independent contractor status, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize USIS and any person or entity contacted by USIS to furnish the above-mentioned Information; and (vii) facsimile or e-mail copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Applicant Address: _____ Applicant Phone Number: _____