



**MOTOR VEHICLE RECORD RELEASE
AND AUTHORIZATION FORM**

TO: Wisconsin Department of Transportation

The undersigned does hereby authorize to the release and delivery of all motor vehicles driving records relating to the undersigned, including but not limited to personal information, to my current/prospective employer and its insurance agent, whose names and addresses are as follows:

**Company Name: Nelson Freight Service, Inc.
PO Box 7
Peshtigo, WI 54157**

Name and Address of Insurance Agent:

Spectrum Insurance Group, LLC
303 Packerland Dr, Suite C
Green Bay, WI 54303

This authorization shall continue in effect until revoked by the undersigned in a subsequent writing delivered to you.

Signature: _____

Date: _____

Full Name: _____

Address: _____

Drivers License Number: _____

State: _____ DOB: _____ Years' Experience: _____

_____ New Hire

_____ Prospective Employee