



**AUTHORIZATION TO CONDUCT A MOTOR
VEHICLE REPORT
FOR DRIVER SCREENING PURPOSES**

Please print clearly and legibly.

Event Name: _____

Applicant's Full Legal Name: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____

Date of Birth: _____

Driver's License #: _____

Issuing State of License: _____

The undersigned hereby authorizes USA Cycling, Inc. to obtain a motor vehicle report pertaining to me for driver authorization purposes. In addition, the undersigned hereby authorizes USA Cycling's insurance agency, Willis HRH or its assigns, to obtain a motor vehicle report pertaining to me for use in rating and/or underwriting insurance for which the above-named company may apply, and renewal thereof. I understand that in obtaining such motor vehicle report, a consumer reporting agency may be used, and I do hereby authorize such use.

This authorization expires 30 days from the date stated below:

Signature of Prospective Driver: _____ * Date: _____

* Original signature required. We are unable to accept an electronic signature.

Printed Name of Prospective Driver: _____ Date: _____

Yes No May USA Cycling contact you to drive at other USAC-sanctioned events?

Phone: _____

E-Mail: _____

This authorization is pursuant to the terms and provisions for disclosure under the Fair Credit Report Act. ***This form must be received no later than seven business days prior to the date the certificate is needed by the promoter or the date of the event, whichever is earlier.***