

# Puerto Rico authorization for release of driving record

Applicant authorization and adverse-action rights notice for a Puerto Rico driving record used for a legitimate business purpose.

That I, the undersigned, am an employee or prospective employee of the company named below and I give permission to that employer to obtain a copy of my Puerto Rico driving record through SafestHires, Inc., a consumer reporting agency, for legitimate business purposes consistent with 9 L.P.R.A. §5001 et seq. and the federal Driver's Privacy Protection Act (18 U.S.C. §2721).

I authorize, without reservation, any party or agency contacted by the employer or SafestHires to supply my driving record. This authorization shall remain on file and serve as ongoing authorization to procure my driving record at any time during my employment.

## Adverse-action rights

- The employer must notify me in writing of any adverse action based in whole or in part on my driving record.
- I have the right to receive a copy of the driving record on which the adverse action was based.
- I have the right to receive a Summary of My Rights Under the Fair Credit Reporting Act.
- I have the right to the name, address, and telephone number of the consumer reporting agency that supplied the record — SafestHires, Inc., Broomfield, CO · admin@safesthires.com.
- I have the right to obtain a free copy of the driving record from that agency if I request it within 60 days of the adverse action.
- I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency and to request that errors be corrected.

## Applicant

- Printed name: \_\_\_\_\_
- Puerto Rico driver's license number: \_\_\_\_\_
- Date of birth: \_\_\_\_\_

Applicant signature

\_\_\_\_\_

Printed name

\_\_\_\_\_

Date

\_\_\_\_\_

## Employer

- Company name: \_\_\_\_\_
- Address: \_\_\_\_\_

• Authorized officer's name and title: \_\_\_\_\_

Authorized officer signature

\_\_\_\_\_

Printed name

\_\_\_\_\_

Date

\_\_\_\_\_