# U.S. Virgin Islands driver record release and authorization

Applicant authorization for SafestHires to obtain a USVI driver abstract for employment purposes.

I hereby authorize and allow SafestHires, Inc., acting as agent for the employer named below, to obtain a copy of my U.S. Virgin Islands driver abstract information, which will be used for the employment purpose stated below. I authorize, without reservation, any party or agency contacted to furnish the information requested and release all parties involved from any liability for doing so. This authorization is valid in original, faxed, or electronic form.

## Employer information

- Company name: _____
- Account number (if applicable): _____
- Authorized contact: _____
- Phone number: _____

## Purpose of use

■ Employment ■ Continuing employment (driver qualification file)

## Applicant information (please print)

- Name (first, middle, last): _____
- Date of birth (mm/dd/yyyy): _____
- SSN: _____
- Place of birth: _____
- USVI driver's license number: _____
- District (St. Thomas / St. John / St. Croix): _____

_____ Driver's signature

_____ Printed name

_____ Date