Puerto Rico MVR Consent

Please complete this form and email it to documentation@hireright.com or fax it to (877) 797-3442 in the US or +1 (949) 224-6064 if outside of the US. If you have questions, please email customerservice@hireright.com.

If returning this form by email, please attach scanned images that are less than 1MB.
PUERTO RICO AUTHORIZATION FORM FOR MOTOR VEHICLE RECORDS CHECK

The purpose of this form is to obtain your authorization to conduct a Motor Vehicle Records (MVR) check. Combined Insurance (the “Company”) will procure a Motor Vehicle Report for you for employment purposes from the following consumer reporting agency or agencies:

Rucar Business Information Center
and
Hire Right Inc.
3349 Michelson Dr.
Suite 150
Irvine, CA 92612
Phone: 1-800-331-9175

You will be provided a copy of the MVR check if requested and will receive a copy if its contents will affect the authorization to drive on company business. A summary of your rights under the Fair Credit Reporting Act is available upon request.

Combined will conduct an MVR check annually unless the company determines a more frequent check is necessary.

(Please print name as it appears on your driver’s license.)

Name:
Last _______________________________ First _____________________________ Middle _____

Date of Birth _____________ Driver’s License Number ______________________ State
Agent Code _________________

AUTHORIZATION TO PROCURE MOTOR VEHICLE REPORT

By my signature below, I _______________________________ do hereby authorize the Division of Motor Vehicles to release my driving record to Rucar Business Information Center, Hire Right Inc. and/or Combined Insurance. I hereby authorize Combined Insurance to obtain driver’s license information from any state or jurisdiction that I have been licensed to drive motor vehicles and to share this information with the appropriate company departments / officials. I understand that my consent will apply throughout my employment unless I revoke or cancel my consent by sending a signed letter to Combined’s Licensing Department.

Signature_____________________________ Date ________________