

**AUTHORIZATION FOR THE  
DISCLOSURE OF A DRIVER'S RECORD BY  
Western Financial Group  
OR THEIR INSURER(S)**

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Driver's Full Name: \_\_\_\_\_  
(Please Print Clearly)

Date of Birth: \_\_\_\_\_  
DD/MM/YY

License Number: \_\_\_\_\_

Employed Since: \_\_\_\_\_

Job Description/Duties: \_\_\_\_\_

Years Licensed: \_\_\_\_\_

Accidents & Convictions: \_\_\_\_\_  
(Dates & Details/Three Years Previous)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Dated)