



RELEASE AUTHORIZATION

I, _____, HEREBY AUTHORIZE J.O. TRANSPORTATION
Print Name

SOLUTIONS INC. TO OBTAIN A "MOTOR VEHICLE RECORD" ON DRIVERS LICENSE #

_____ ISSUED BY THE STATE OF _____ .
Drivers License # State

I, _____ ALSO AUTHORIZE J.O. TRANSPORTATION SOLUTIONS INC.

TO VERIFY MY SOCIAL SECURITY # _____ .
Social Security #

Signature

Date