

REQUEST FOR CHECK OF DRIVING RECORD

I hereby grant permission for B Noll Insurance to secure my Motor Vehicle Record and I hereby authorize B Noll Insurance release said report to BEST CABS, INC.

For purposes of determining insurability under the Corporate Automobile Insurance Coverage, said employer is making application for and/or determining driver safety or other use permissible under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-222, Title XXX, Section 3000002(a)). You are released from any and all liability that may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 81-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report.
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes.
3. The information requested below will be used for a "permissible purposes" (i.e., information for employment purposes and information for insurance purposes, insurability) and will be used for no other purposes.
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report, the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer-reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible use" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 3000002(a)).



(Signature of Employer/Prospective Employer)

(Date)

TO: **B Noll Insurance**
8414 W 13th St N Suite 190
Wichita, KS 67212-2979

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
In Accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record.

NAME OF APPLICANT / DRIVER: _____

ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____

LICENSE NO: _____ LICENSE STATE: _____

REQUESTED BY:

Best Cabs, Inc.

(Name of Company)

2555 N Market

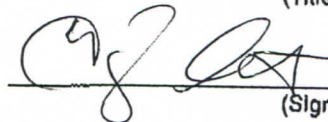
(Address)

Wichita, KS 67219

(City & State)

Timothy Armbrust
(Printed Name)

Manager
(Title)


(Signature)