

# New Driver Information

Under provisions of the Fair Credit Reporting Act (FCRA), 15, U.S. C. 168 et seq., the American with Disabilities Act and all federal, state, and local laws, I hereby authorize and permit \_\_\_\_\_ to obtain a driving history report.  
(Company/ Insured)

Full Name(as it appears on your Driver's License):

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(Please Print Clearly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Address:

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(Street, \_\_\_\_\_ City, State, Zip)

Driver's License #:

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(State of Issue)

Date of Birth:

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Social Security #:

Thank you.

Old Colony Insurance Service, INC.  
Fax: 859.259.1614  
Email: [info@OldColonyLexKy.com](mailto:info@OldColonyLexKy.com)