

VOLUNTARY AUTHORIZATION TO RELEASE INFORMATION

Name: _____

Address: _____

City: _____ State-Zip: _____

S/S #: _____ US Citizen: _____

Driver License #: _____ Birth Place: _____

I hereby consent and give authority to Axion Logistics LLC., and their agents, to examine records and obtain information regarding my background. I specifically authorize the following background checks.

Report Type

You MUST Initial Below

Employment Background Verification

Residential Background Verification

Criminal Records Investigation

Driver Motor Vehicle Record Check

I agree that information obtained on my MVR check may be shared with AXion's Insurance agency and their underwriters. AS REQUIRED BY SECTION SAFETY REGULATIONS (FOR PAST THREE YEARS)391.23FEDERAL MOTOR CARRIER

I hereby authorize the above background investigation(s) for the purpose of qualifying for employment OR to become a contractor for Axion Logistics, LLC. I hereby release Axion and its agents from any and all liability, which may result from furnishing such information. I understand my signature on this authorization is voluntary; however, failure to complete this form may mean that required information cannot be obtained to complete the background investigation. Without this investigation authority, you will not be offered either employment or contractor status with AXion Logistics LLC.

(ATTACH A CLEAR COPY OF DRIVERS LICENSE. IF FAXING SEND PHOTO COPY UNDER SEPARATE COVER.)

(APPLICANTS SIGNATURE)

(DATE)