



**US Department  
of Transportation**

Federal Motor Carrier  
Safety Administration

**1200 New Jersey Avenue, SE  
Washington, DC 20590**

**Privacy Waiver & Certification of Identity**

Complete box 1 and sign the form below if requesting information to be released to self.  
Complete boxes 1 and 2 and sign the form if releasing records to a third party.

Check this box if you are requesting your Driver Information Resource records available via the FMCSA-Pre-Employment Screening Program.

**1**

**Full Name:** \_\_\_\_\_

**Aliases used:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Home Address:** (Include City, State and Zip Code)  
\_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**2**

**I hereby waive my right to privacy, and I authorize the Federal Motor Carrier Safety Administration to release any and all information relating to me to:**

**(Name, address & phone of attorney or other designee)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I hereby declare that I am the person described above and understand that any falsification of this statement is punishable under the provisions of Title 18, United States Code (U.S.C.), Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years, or both; and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of Title 5, U.S.C., Section 552a (i)(3) as a misdemeanor and by a fine of not more than \$5,000.

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