

Notarized Authorization to Release Personal Motor Vehicle Information



I, _____ grant permission to _____ to
(Name of Grantor) (Name of Recipient)
 receive my personal driver history record and any other motor vehicle information requested by
 _____ deemed appropriate by the Motor Vehicle Commission for
(Name of recipient)
 Release under the New Jersey Driver's Privacy Protection Act, N.J.S.A39:2-3.3 et seq.

 Signature of Grantor

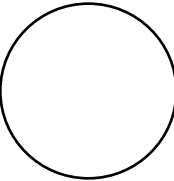
 Driver's License Number of Grantor

 Street Address

 Date

 City, State, Zip Code

Subscribed and sworn to before me, the undersigned authority,
 On this _____ day of _____, 20_____.



Seal

 Notary Public in and for the County of _____

 State _____

My Commission expires _____

This form, when properly completed and signed, will be accepted by the New Jersey Motor Vehicle Commission as satisfactory authorization to release personal motor vehicle information concerning the individual named above to the second party named above.

**THIS FORM WILL NOT BE ACCEPTED UNLESS IT IS ACKNOWLEDGED BY A
 NOTARY PUBLIC OR LICENSED ATTORNEY AT LAW**