



Motor Vehicle Record Check Authorization

Full Name *first, middle, last* _____

Location _____

Please answer each question below and then sign and date the form.

State Issuing License _____ License Number _____

Date of Birth *mm-dd-yyyy* _____

Yes No Have you been license in this state for at least two years?

Yes No Have you changed your name in the past two (2) years?

If yes, what was previous name(s)? _____

Yes No Have you had any Major Traffic violations in the past two (2) years?

Major violations are defined as a conviction of any of the following:

- Driving under the influence (including alcohol and drug related violations)
- Reckless driving, including driving 15mph in excess of the posted limit
- Eluding or attempting to elude a police officer
- Vehicular homicide or assault with a vehicle
- Operating on a suspended license
- Traffic violation resulting in death
- Leaving the scene of an accident
- Refusing an alcohol test
- Driving to endanger life
- Hit and run

I hereby certify that I have personally read through this authorization form and declare to the best of my knowledge and belief that the information contained here in is complete and true. I furthermore authorize Airgas Inc. and subsidiaries or its representative to conduct an investigation of my previous driving record including, but not limited to, analyzing the motor vehicle report of the state of my residence. Falsification of any of the above information may result in the rejection of the application or termination of employment.

Applicant Signature _____

Date _____