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## Puerto Rico Motor Vehicle Record

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The following instructions will assist with completing and ordering a Puerto Rico Motor Vehicle Record.

- Prior to submission of the **Puerto Rico Authorization Release of Driving Record** form, please note the following information:
  - First sentence “*That I, \_\_\_\_\_*” must include the current/prospective employee of your company that is subject to the motor vehicle record screening.
  - Current/Prospective Employee Name (printed), Driver’s License Number, Date of Birth, Signature and Date must be included on the bottom of the form.
  - Company Name, Address, Date, Signature and Title of Authorized Officer from your company must be included on the bottom of the form.
    - **If the signatures on the Puerto Rico Release form are over 30 days from the original IntelliCorp Puerto Rico MVR submission, the request will not be processed.**
    - **If a Puerto Rico Authorization Release form is not submitted to MVR Compliance, the PR MVR request will not be processed.**
- The **Puerto Rico Authorization for Release of Driving Record (Legitimate Business Purpose)** form must be completed, signed and emailed or faxed to IntelliCorp - MVR Compliance.
  - Along with the attached **Puerto Rico Authorization Release** form, Include in the email or fax to MVR Compliance:
    - Your 8-digit alpha-numerical IntelliCorp *Account ID* **or** *IntelliCorp User ID*.
    - The name of the subject being screened.
    - The Puerto Rico driving record submission date.
- Standard turnaround time to receive a completed motor vehicle record from Puerto Rico is 8-12 business weeks.

**UPON COMPLETION, EMAIL OR FAX THE FORM TO:**

**EMAIL: [mvrcompliance@intellincorp.net](mailto:mvrcompliance@intellincorp.net) OR FAX: 216-450-5249**

## Puerto Rico Authorization for Release of Driving Record (Legitimate Business Purpose)

That I, \_\_\_\_\_, am an Employee/Prospective Employee of the company named below and that I give permission to the employer or prospective employer listed below to obtain copy of my Driving Record.

I authorize, without reservation, any party or agency contacted by the Employer/Prospective Employer to supply my driving record.

I understand this authorization shall remain on file and shall serve as ongoing authorization for the undersigned company to procure my driving record at any time during my employment.

I understand that my Employer/Prospective Employer may take adverse action affecting my employment based on information in my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:

- Employer must notify me in writing of any such adverse action.
- I have the right to receive a copy of the driving record upon which the adverse action was based.
- I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address, and telephone number of the consumer reporting agency that provided my driving record to Employer/Prospective Employer.
- I have the right to obtain a free copy of my driving record from the agency that provided it – if such a request is made within 60 days from the date that Employer/Prospective Employer took adverse action.
- I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided it and to request that errors be corrected.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Drivers License Number

\_\_\_\_\_  
Employee Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Authorized Officer's Name      Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date