



AUTHORIZATION TO RELEASE DRIVING RECORD

I have authorized **ARIES MARINE CORPORATION** and its agents to request any information concerning my driving record. I hereby authorize any person(s) having knowledge thereof to provide such information to **ARIES MARINE CORPORATION** or its agents, and I hereby release from liability and agree to Hold Harmless any person that furnishes such information in good faith.

A copy of this form shall have the same effect as the original.

Employee/Applicant Name (Please Print)

Employee/Applicant Social Security Number

Driver's License Number

State Issued

Street Address

City/State/Zip

Employee/Applicant Signature

Date Signed

RETURN MVR RESULTS TO:

**ARIES MARINE CORPORATION
P. O. DRAWER 51789
LAFAYETTE, LOUISIANA 70505**