



MOTOR VEHICLE RECORD RELEASE

PRINT ALL INFORMATION

To be completed by applicant:

Applicant Name:

Date of Birth: Social Security #:

Driver's License #:

Issuing State: License Expiration Date:

In connection with my application I understand that investigative background inquiries are to be made on my motor vehicle records. I understand that Linde Corporation may be requesting information from various Federal, State and other agencies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from a third party and/or any of their licensed agents. The authorization and consent shall be valid in original, fax or copied form. I understand my motor vehicle record will be checked annually and subsequent checks may be required. I further understand that a criminal background check as it relates to my motor vehicle record ("MVR") may be required if information is inconclusive on the MVR record. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

APPLICANT'S SIGNATURE

DATE