

ANNUAL MVR REVIEW

Driver Name: _____

| Violation | Number of | Points assigned | Total |
|--|-----------|-----------------|-------|
| DUI/DWI/OWI (Type A Violation) | | x6 | |
| Chemical test refusal (Type A Violation) | | x6 | |
| Reckless/careless driving (Type A Violation) | | x6 | |
| Driving with suspended license or Violation of restricted license | | x4 | |
| Fleeing police | | x4 | |
| Leaving the scene of an accident | | x3 | |
| Speeding | | x2 | |
| Following too close | | x2 | |
| Traffic signal offenses | | x2 | |
| Improper/illegal lane change/use or turn | | x2 | |
| At Fault Accident | | x2 | |
| Failure to maintain control | | x2 | |
| Operating a defective vehicles | | x1 | |
| Failure to yield | | x1 | |
| Failure to signal | | x1 | |
| Failure to use a seat belt | | x1 | |
| Improper use of cell phone/mobile device while operating Company or personal vehicle for business purposes | | x1 | |
| Failure to follow company policy (points assigned at company's discretion) | | | |
| Other (points assigned at company's discretion) | | | |
| Total MVR Points | | | |

If the total points equal:

6 or more points

Unacceptable: Driving privileges will be revoked unless employee meets requirements for MVR probation (see page 61-15 for details).

4 to 5 points

Below Expectations: Improvements are necessary for moving violations. Employee shall attend driver safety training. MVR will be ran quarterly until employee reaches the "Acceptable" level.

0 to 3 points

Acceptable

NOTE: The MVR review criteria above, is intended to serve as a guideline for evaluation purposes. Allowance will be made for "Unacceptable" MVRs following the guidelines of MVR Probation.

Please check here if you would like a copy of the Motor Vehicle Records Report.

Proprietary Information

The information contained herein was prepared by and for the exclusive use of ESCO Group. Any reproduction or use of this material by persons other than an authorized employee of the Company is prohibited.

Authorization: By my signature below, I hereby authorize you or your representative to obtain a Motor Vehicle Records Report(s) in order to be considered for employment or continued employment with this company. If hired, this authorization shall remain on file and shall serve as ongoing authorization for this organization or its representatives to procure a Motor Vehicle Records Report at any time during my employment. **(If you choose to Decline Authorization of MVR, see back of this form.)**

Vehicle Use Agreement: The below-named employee, herein after referred to as the employee, is authorized to operate a motor vehicle on company business only under the following conditions:

1. The employee follows and cooperates fully with the Motor Vehicle Safety Policy including MVR criteria.
2. The employee maintains a valid driver's license and remains fully insurable.
3. The employee operates the vehicle in a safe, defensive manner, obeying all traffic laws.
4. The employee and their passengers wear their seat belts.
5. The employee promptly reports all motor vehicle accidents to the Safety Department or Fleet Manager or Human Resources.
6. The employee assumes full responsibility for any traffic violations and fines arising out of the use of the vehicle.
7. Personal use of company provided vehicles is prohibited without prior verbal approval from Management.
8. ESCO Group may modify or revoke this agreement at any time, with or without notice.

Signatures below:

I confirm that my driving record was reviewed with me on this date by management. I fully understand the company MVR program and MVR review process. I also understand the corrective actions, if any, that apply to my review.

I have read, understand, and agree to comply with the above conditions, in exchange for being authorized to drive on company business.

Applicant's Name: _____
(Please print)

Applicant's Address: _____

City, State, Zip: _____

Driver's License Number: _____ State Issuing License: _____

Driver signature: _____ Date: _____

I confirm that I have conducted an MVR review on this date as documented by this report. I reviewed the corrective actions, if any apply, my Authorization and to abide by the Vehicle Use Agreement.

Reviewer Print Name: _____ Date: _____

Reviewer Signature: _____

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Decline

By my signature below, I **refuse** to authorize you or your representative to obtain a Motor Vehicle Records Report. I therefore will NOT drive any company vehicle or drive any other vehicle to conduct company business. If I violate this agreement it is grounds for disciplinary action, up to and including discharge. ESCO Group will not be held liable for any accidents that may involve a vehicle I am driving.

Applicant's Name: _____
(Please print)

Applicant's Address: _____

City, State, Zip: _____

Signature: _____

Date: _____