

Sigma Squared Transport Corporation | 1101 N Cleveland Ave Apt 14, Sioux Falls, SD 57103 | Phone (605) 650-3870 |
dispatch@sstransco.com | https://sstransco.com | USDOT 4473629 | MC-1547581

CONSENT

I authorize Sigma Squared Transport Corporation and its authorized agents to request, obtain, and review my motor-vehicle records and commercial-driver licensing information from each State driver licensing agency where I held or hold a license or permit during the preceding three years, and from the Commercial Driver's License Information System (CDLIS), as permitted by law. This authorization is for commercial-driver employment verification, driver qualification, and safety-compliance purposes, including the initial inquiry required by 49 CFR 391.23 and lawful periodic inquiries during employment.

A State licensing authority may require its own form, fee, or method. This consent does not replace a State-specific authorization when one is required.

DRIVER IDENTIFICATION

Full legal name *

Date of birth *

SSN

Current license / permit number *

State *

Class

Expiration

Other licensing states / authorities during the preceding 3 years

☐

I have read this consent and intend to authorize the CDLIS and motor-vehicle-record inquiries.

Applicant signature - type full legal name or sign after printing *

Date signed *