

A BACKGROUND CHECK IS REQUIRED PRIOR TO THE ISSUANCE OF A RIDER/HELPER AUTHORIZATION.
(Choicepoint Background Investigation Consent Form is page 2 of this document.)



RIDER/HELPER AUTHORIZATION

Date of background check:

CID# _____

DATE _____

FULL NAME _____ AGE _____

No one under 18 years of age is allowed on any unit in Atlas Service.

Name, address and phone number of person to be notified in case of emergency:

AUTHORITY FOR RIDER

Begins _____ City & State _____

Expires _____ City & State _____

Unit No. _____ Driver & Code _____

Mr.

Ms. _____ is authorized by Atlas Van Lines, Inc. to ride as a helper only for the above specified period, PVO and unit. Said rider is specifically prohibited from driving the unit at any time and under any circumstances.

Atlas Agent and Code

Signature of Agent Manager

****NOTE:** There is to be a separate letter for each rider and unit. The original must be carried by the helper, a copy should be mailed to Atlas/Safety and a second copy must be kept in the agency's/PVO's file.

Casual Labor Criminal Background Investigation Consent

Person Requesting Background Check: _____
(Requesting Party) [Note: Please include Atlas Agent or Professional Van Operator number]

I authorize the Requesting Party and/or its agents to make an independent investigation of my criminal background history and police records from information maintained by both public and private organizations and all public records. This investigation is being completed to obtain information that may be material to whether or not I may be used to provide services as a casual laborer on one or more Atlas Van Lines, Inc. (Atlas) shipments pursuant to Atlas' standards.

I release the Requesting Party, Atlas and their agents and any person or entity that provides information pursuant to this authorization from any and all liabilities, claims or law suits with respect to the information obtained from any sources.

The name set out below is my true and complete legal name. All information in this Consent is true and correct to the best of my knowledge.

Legal Name (First, Middle and Last): _____

Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____
MM/DD/YYYY

Street Address: _____

City: _____ State: _____ ZIP: _____

CA, MN & Oklahoma Residents please note: Your criminal background history will be obtained and reviewed. This is treated as a credit report and/or investigative consumer report in the state in which you live. You have a right to receive a free copy of this report by checking the appropriate box below.

___ Yes, I am a California resident and would like a free copy of my report.

___ Yes, I am a Minnesota resident and would like a free copy of my report.

___ Yes, I am an Oklahoma resident and would like a free copy of my report.

Note: If a California, Minnesota or Oklahoma resident checks "yes" regarding the report, please fax this form to your ChoicePoint service center at 800-213-4937.

Client ID Number: _____