

**Puerto Rico Authorization for
Release of Driving Record (Insurance)**

I, _____ do hereby authorize and allow
Rucar Business Information Center, as agent for **American Driving Records, Inc.** to
obtain a copy of my driver's license abstract information which will be used for
Insurance Underwriting.

Full Name (Please Print): _____

License Number: _____

Date of Birth: ____/____/____

Social Security Number: _____

Reference: _____

Signature: _____