

## **Fair Credit Reporting Act (FCRA) Requirements Motor Vehicle Records (MVR) Request – INSTRUCTIONS**

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All Northeast Wisconsin Technical College (NWTC) students and employees who drive any NWTC-owned, rented, or personal vehicle for College business **must** have a Motor Vehicle Record (MVR) check completed **prior** to official College travel.

Included in this packet are the forms required by the Fair Credit Reporting Act (FCRA) for the MVR process, and NWTC's Vehicle Use Policy (**all students and employees are to read this document**).

The following process and forms must be used sequentially when asking Districts Mutual Insurance (DMI) to order and review an MVR for an applicant, employee, student, or volunteer.

### **STEP ONE: FORM #1 – MOTOR VEHICLE RECORD (MVR) CHECK DISCLOSURE**

This form must be provided to, and signed by, the applicant/employee/student/volunteer on whom the MVR will be ordered **BEFORE** the CONSENT AND AUTHORIZATION TO PROCURE MOTOR VEHICLE RECORD (MVR) form is signed (FORM #2), or MVR is ordered.

Form #1 must be given to the applicant/employee/student/volunteer as a separate document. Do NOT staple it to an employment application or any other document.

### **STEP TWO: FORM #2 – CONSENT AND AUTHORIZATION TO PROCURE MOTOR VEHICLE RECORD (MVR)**

This form must be provided to, and signed by, the applicant/employee/student/volunteer on whom the MVR will be ordered **BEFORE** the MVR is ordered.

### **STEP THREE:**

Permanently retain completed Form #1 and Form #2.

Send request to DMI ordering the MVR(s). This can be done through email or "ShareFile."

### **STEP FOUR:**

If DMI indicates the MVR is acceptable, proceed with the hiring process or process used to approve an individual to drive on the College's behalf.

### **OR**

If DMI indicates the MVR is unacceptable, proceed with Step Five.

### **STEP FIVE: SEND A PRE-ADVERSE ACTION NOTICE AND SUMMARY OF RIGHTS UNDER THE FAIR CREDIT REPORT ACT (FCRA) TO THE APPLICANT/EMPLOYEE/STUDENT/VOLUNTEER**

If the College intends to take an adverse action due to DMI indicating the applicant's/employee's/ student's/volunteer's MVR is "unacceptable," **PRIOR TO** taking such adverse action, the College must send a Pre-Adverse Action Notice.

If the applicant/employee/student/volunteer wants a copy of his/her MVR, he/she **must first** complete and sign Form #3 – "Authorization for Release by DMI of Motor Vehicle Record (MVR)," and submit it to DMI. The applicant/employee/student/volunteer does NOT have to agree to have his/her MVR released to the College.

Attach a copy of, "A Summary of Your Rights Under the Fair Credit Reporting Act," (09/25/23 edition) with the Pre-Adverse Action Notice.

DO NOT CHANGE the content of the Pre-Adverse Action Notice. Its content is governed by the FCRA.

The College must wait no less than **seven business days** before sending an adverse action notice. This seven-day period affords the applicant/employee/student/volunteer the opportunity to receive, review and dispute the information on the MVR causing or contributing to the College's decision to take an adverse action.

**STEP SIX: SEND AN ADVERSE ACTION NOTICE**

Following the seven-business-day waiting period, and presuming:

- The information on the MVR has not changed such that it is now "acceptable,"; and
- The College intends to not hire the applicant, no longer allow the individual to drive on the College's behalf, or not allow the individual to begin driving on the College's behalf,

The College must send an adverse action notice to the applicant/employee/student/volunteer stating it is taking adverse action based, in whole or part, on the MVR (see attached sample).

DO NOT CHANGE the content of the Pre-Adverse Action Notice. Its content is governed by the FCRA.

## Form #1

*Note to College: Give this form to, and obtain a signature from, the applicant/employee/student/volunteer BEFORE asking DMI to obtain an MVR.*

### MOTOR VEHICLE RECORD (MVR) CHECK DISCLOSURE

In compliance with the Fair Credit Reporting Act (FCRA), this Disclosure is provided to advise you that, subject to your consent, Northeast Wisconsin Technical College (NWTC) will be requesting access to your MVR through Districts Mutual Insurance (DMI), the College's liability insurance carrier.

As a potential operator of a NWTC owned vehicle, or an individual driving any other motor vehicle on behalf of the College, your MVR will be obtained from a third-party consumer reporting agency and provided to DMI.

No portion of your driving record will be released by DMI or the College. The College department requesting your services as an operator of a College vehicle or any other motor vehicle for official College business will be advised on your status as "acceptable" or "not acceptable" per the DMI Driver Record Evaluation Procedure.

You have the right, upon written request made within a reasonable amount of time, to request whether a consumer report has been run about you and to request a copy of your report. The scope of this Disclosure will allow the College to obtain from any outside organization your MVR throughout the course of your employment, or volunteer or student status to the extent permitted by law.

**Please complete the section below**

I am aware that MVRs may be obtained as part of Northeast Wisconsin Technical College's evaluation of my driving record. The report may be procured by NWTC or DMI representative(s), and may include personal information obtained from state motor vehicle department. An assessment of my status for operating a motor vehicle on behalf of the College will be completed.

\_\_\_\_\_  
Full Name (as it appears on driver's license)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Employee/Applicant/Student/Volunteer

\_\_\_\_\_  
Phone Number

Requesting College Department: \_\_\_\_\_

\_\_\_\_\_  
Signature of Department Representative

\_\_\_\_\_  
Date

Please return to requesting department or student club.

## Form #2

### CONSENT AND AUTHORIZATION TO PROCURE MOTOR VEHICLE RECORD (MVR)

I acknowledge receipt of the separate documents titled, "MOTOR VEHICLE RECORD (MVR) CHECK DISCLOSURE," and certify that I have read and understand this document and NWTC's Vehicle Use Policy.

I understand that, as a condition of my employment or authority to drive a motor vehicle on behalf of Northeast Wisconsin Technical College (NWTC), I hereby authorize NWTC to obtain my MVR at any time after receiving this signed form and throughout my employment, or volunteer or student status.

I hereby consent to, and authorize, NWTC requesting any and all motor vehicle records from DMI. I agree that a facsimile ("fax"), electronic or photographic copy of this form shall be as valid as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, NWTC will provide me with a copy of any such MVR report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment, continued fitness for employment, or authority to drive on behalf of NWTC.

If applicable, I further understand that such report will be available to me prior to any such employment decision being made, along with the name and address of the reporting agency that produced the report.

Please complete the section below

Name as it appears on driver's license (First, M.I., Last)	Driver's License Number	
Current Home Mailing Address (Street Address/City/State/Zip)	State of Issuance	Date of Birth (mm/dd/yyyy)
Dept., Program, or Student Organization Name/Number	NWTC Employee ID# or Student ID#	

- I have held a driver's license issued from the state of Wisconsin and **no other** state throughout the past 6 years.
- I have held a driver's license issued from a state other than Wisconsin within the past 6 years. (Out-of-State License Holder Affidavit Form\*—reverse side of this form—must be completed.)
- Other than Wisconsin, I have held a driver's license in the following states (list states): \_\_\_\_\_
- Out-of-State License Holder Affidavit Form requested/completed.
- I am (check one):
  - an employee (or an applicant for employment) of the College.
  - a student (course requirement to operate vehicle).
  - a student (**not** for a course requirement [e.g., volunteer/driver for a fieldtrip, conference, etc.]).
  - a volunteer of the College (e.g., volunteer/driver for a fieldtrip, conference, etc.).

Signature of Employee/Applicant/Student/Volunteer	Date (mm/dd/yyyy)
Requesting College Department	Phone (xxx) xxx - xxxx
Signature of NWTC Department Representative	Date (mm/dd/yyyy)
DMI <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Office Use Only)	Date (mm/dd/yyyy)

\*Out-of-State License Holder Affidavit Form (see reverse side if applicable)

## Out-of-State License Holder Affidavit

*This form must be completed if driver's license is issued from another state within the past six years.*

I hereby attest that my Motor Vehicle Record (during the time I held a license issued from a state other than Wisconsin) does not contain any incidents that would deem me "not acceptable" (utilizing the following criteria):

**Motor Vehicle Evaluation Criteria (last six years)**

**5 POINTS OR LESS IS DEEMED ACCEPTABLE TO OPERATE A MOTOR VEHICLE ON BEHALF OF THE COLLEGE.**

INCIDENTS (See DEFINITIONS for more information)	POINTS ASSESSED
Minor (not involving an accident)   [Assessed through 5 <sup>th</sup> anniversary from date of incident]	1
Accident   [Assessed through 5 <sup>th</sup> anniversary from date of incident]	2
Major (0-2 years old) [Assessed through 3 <sup>rd</sup> year anniversary of date of incident]	6
Major (3-5 years old) [Assessed through 6 <sup>th</sup> year anniversary of date of incident]	3
<b>IN ADDITION TO ABOVE</b>	
Two incidents* within 12 months	1
Three incidents* within 18 months	2

### DEFINITIONS

**Accident:** An accident arising out of the use of a motor vehicle due to the negligence of the operator, including but not limited to, Property Damage, Injury, etc. Accidents indicated as "DEER" are not assessed any points.

**Incident:** Accident, minor conviction, or major conviction.

**Major Convictions:** Major convictions include, but are not limited to, driving while intoxicated or under the influence of alcohol or drugs; failure to stop and report an accident; homicide, manslaughter, or assault arising out of the operation of a motor vehicle; driving during a period while license is suspended or revoked; reckless driving; possession of opened container of alcoholic beverage; speed contest, drag or highway racing; attempting to elude a peace officer; license revocation or suspension (no points are assessed on suspensions/revocations resulting from, including but not limited to: failure to pay fines, or support; judgments for incidents not involving driving).

**Minor Convictions:** Any moving traffic conviction other than a major conviction, except the following: Motor vehicle equipment, load, or size requirement; Improper display or failure to display license plates provided such plates exist; failure to have in possession driver's license (provided valid license exists); defective speedometer (unless multiple incidents – then each assessed as minor violations); proof of insurance violation; seat belt violation.

I acknowledge that Districts Mutual Insurance (DMI) will employ the above criteria to evaluate my status to operate a motor vehicle on behalf of the College. I (the undersigned) declare that as a potential operator of a Northeast Wisconsin Technical College owned vehicle or an individual driving any other motor vehicle on behalf of the College, I have held a driver's license issued by a state other than Wisconsin within the past six years.....

State of Issuance: \_\_\_\_\_ Dates Held (Approx.): \_\_\_\_\_

Name (print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witnessed by (Name – College Rep): \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

## Form #3

# Authorization for Release by DMI of Motor Vehicle Record (MVR)

NOTE TO COLLEGE AND REQUESTOR: Districts Mutual Insurance (DMI) cannot legally release **any** information regarding an MVR without this form being completed. Information will only be sent to the authorized email address(es) below.

NOTE TO COLLEGE: In order for an MVR to be released directly to the College, this witnessed form must be completed and emailed to DMI by the Technical College Representative and/or person for whom the MVR will be obtained. No action will be taken on incomplete forms.

In compliance with the Northeast Wisconsin Technical College Vehicle Use Policy, I, \_\_\_\_\_ (*name of applicant, employee/student/volunteer*), hereby authorize DMI to release the details of my MVR as specified below.

I authorize release of my MVR to (check all that apply):

Me (Requestor)     [NWTC] Representative (Not Required)

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### REQUESTOR

Requestor Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Requestor Email Address: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### NWTC REPRESENTATIVE

Representative Printed Name: \_\_\_\_\_

Representative Email Address: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### WITNESS

Witness Printed Name: \_\_\_\_\_

Witness Email Address: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email completed form to Suzette Harrell at: [Suzette@districtsmutualinsurance.com](mailto:Suzette@districtsmutualinsurance.com)