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Trucks Inc
611 Hansen Road
PO Box 2238
Green Bay WI 54306
920-499-0879

Packer City International
Trucks Inc
1695 East Green Bay St
Shawano WI 54166
715-524-3171



Packer City International
Trucks Inc
4249 W Converters Dr
Appleton WI 54913
920-996-4642

www.pctrucks.com

DISCLOSURE OF INTENT TO OBTAIN A CONSUMER REPORT

In compliance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a consumer report in connection with your application for employment or employment. This report from a consumer reporting agency may include information bearing on your character, general reputation, personal characteristics or mode of living, it is our normal practice to limit the consumer report to driving records available from the appropriate state departments of motor vehicles.

This disclosure also is to inform you that our insurance company, Universal Underwriters, may also request a consumer report on you, which under normal practice will consist of your driving record from the appropriate state department of motor vehicles. The purpose of Universal requesting a report will be for business insurance underwriting purposes. Universal is not your employer or prospective employer and will not make any employment decision relating to you.

CERTIFICATION OF RECEIPT OF DISCLOSURE AND AUTHORIZATION TO OBTAIN A CONSUMER REPORT

I acknowledge that I have received a copy of the "Disclosure of Intent to Obtain a Consumer Report." The name and address of the consumer reporting agency gathering the consumer report is:

Wisconsin Department of Transportation
Customer Services Unit
P.O. Box 7995
Madison, WI 53707-7995
(608) 266-6699

I understand that I have a right to dispute with the consumer reporting agency any inaccurate information by directly contacting the agency. I voluntarily authorize you to obtain a consumer report regarding me in connection with my application for employment or my employment. I also voluntarily authorize Universal Underwriters to obtain a consumer report regarding me for business insurance underwriting purposes. I understand that Universal Underwriters is not my employer or prospective employer.

I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

Signature

Date

Position

Print Name

Print Maiden or Other Names Under Which
Records May be Listed

Drivers License Number

State