

SambaSafety Account # _____

Guam Authorization for Release of Driving Record

I, _____ do hereby
authorize and allow **SambaSafety, Inc.**, acting as an agent on my behalf,
to obtain a copy of my driver's license abstract information.

Full Name (Please Print): _____

License Number: _____

Date of Birth: ____/____/____

Reference: _____

Signature: _____