

**Schedule A  
Employee's Consent Form**

**Authorization for Disclosure of Personal Information**

I \_\_\_\_\_, am currently employed with or under contract with \_\_\_\_\_ (“my employer”) in a position that requires me to operate a motor vehicle and hereby voluntarily authorize my employer to disclose my Driver Licence Number \_\_\_\_\_ to Manitoba Trucking Association and The Manitoba Public Insurance Corporation. I hereby also voluntarily authorize Manitoba Public Insurance to disclose to Manitoba Trucking Association and my employer my Driver Licence Status Information which includes the following personal information:

- Driver's licence status
- Driver's licence class and stage

The disclosure will be made for the purpose of determining whether I have the valid class of licence required for my employment.

This consent to disclose my personal information as outlined above remains in effect for two (2) years from the date of signing, or until such earlier date as I notify Manitoba Trucking Association in writing to revoke this authorization, or I am no longer employed or under contract with my employer.

**Applicant Signature**

**Date**

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