

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: \_\_\_\_\_

License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reference: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_