



Softtech International Inc.
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Puerto Rico General Release Form

Client Information: *(Please Print)*

Company Name: SAFER PLACES INC Account #: 75062
Contact Name: DONNA PELLAND Phone #: (508) 947-0600
Fax #: (508) 947-0699

Intended Use: *(Please select one)*

Insurance

Employment

Applicant/Subject Information: *(Please Print)*

Name (Last, First, MI): [] [] []
Date of Birth (mm/dd/yyyy): []
Drivers License Number: []
Social Security Number: []

I do hereby authorize and allow [] to obtain a copy of my driver abstract information, which will be used for the above stated purpose. I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I understand that this authorization and consent shall be valid in an original, fax or copy form.

Driver's Signature: [] Date: []

Please Fax Puerto Rico General Release Form To: (305) 647-6504