



UZURV Inc.
700 E Main St
Box 1106
Richmond VA 23218

Authorization to Receive Fingerprint Scan

Name:

Date:

This letter authorizes the above named to receive a fingerprint scan billable to UZURV Inc. Invoices for payment shall be directed to:

Address: UZURV Inc.
700 E Main St
Box 1106
Richmond VA 23218

Email: bailey.burry@uzurv.com billing@uzurv.com

Agency Authorization #: 9000037631 (State & FBI Background Check)

ORI # (if required): MD920470Z

Reason fingerprinted: Taxicab/PFH Driver's Licensure

Position Applied for: MD Public Service Commission Taxicab / For-Hire Driver's License

Should you have any questions, please contact bailey.burry@uzurv.com

Sincerely,

Bailey Burry
Compliance Team Lead
UZURV Holdings, Inc.