THIS IS A CARBONLESS SET - IMAGE RETENTION ON PLY 2 IS ABOUT 5 YEARS

REQUEST FOR CHECK OF DRIVING RECORD

NOTE: This form may only be used in states that do not require a specific form.

CAUTION: When using a third party to request background information on applicants or existing employees – such as motor vehicle records, information from previous employers, criminal records, or credit history – you are subject to the Fair Credit Reporting Act (FCRA) and State consumer reporting laws. Under FCRA, the third-party vendor is considered a consumer reporting agency (CRA) and the employee background information is a consumer report. Before you can obtain a consumer report from a CRA, you must provide applicants and employees with a disclosure stating that your company may obtain such a report for employment purposes, and you must have authorization from the applicant or employee to conduct the check. You must also provide a copy of the Federal Trade Commission's notice called "A Summary of Your Rights Under the Fair Credit Reporting Act." The notice, disclosure, and authorization are not included in this file, and some state laws have additional requirements. Consult with your CRA on the need and use of such documents.

I hereby authorize you	to release the following	information to	(5		
		ections 391.23 and 391.25 of the sult from furnishing such informa		Safety Regulations. You are	
	(Driver's Sigr	nature)		(Date)	
	e records under the pro-	and the above driver's release ovisions of the Driver's Privac			
	(Signature of Re	equester)		(Date)	
TO:					
DEAR SIR/MADA	M:				
The following nam	ed person has made app	olication with our company for th	e position of		
	. In a	accordance with Section 391.23, plicant's driving record for the pa	Federal Department of		
	. In a	with our company in the position accordance with Section 391.25, aployee's driving record for the p	Federal Department of		
NAME OF DRIVER					
ADDDECC					
ADDRESS	(Number & Street)	(City)	(State)	(Zip Code)	
FORMER ADDRESS	(Number & Street)	(City)	(State)	(Zip Code)	
	,	, ,			
DATE OF BIRTH		SSNREQUESTED BY	LICENSE NO		
(Name of Company)			(Typed Name)		
	(Address)		(Title)		
(City)	(Sta	ate)	(Signature)		