

REQUEST FOR CHECK OF DRIVING RECORD

AS REQUIRED BY
U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIERS SAFETY PROGRAM
PURSUANT TO 49 CFR 391.23

TO:

RE:

(Driver's Name)

(Driver's Operators License No.)

(Driver's Social Security No.)

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding three years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those three years.

Therefore, please certify to us what the individual's driving record is for the preceding three years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Signature of individual making inquiry

(printed) Name of person making inquiry

Title of person making inquiry

Motor Carrier Name

Address

City

State

Zip