



# MOTOR VEHICLE RECORD REQUEST FORM

## DRIVER INFORMATION

Driver's Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_

State \_\_\_\_\_

License Class \_\_\_\_\_

When your Motor Vehicle Record is obtained from the Department of Motor Vehicles, what MOVING VIOLATIONS and ACCIDENTS will be listed for the last three years?

## MOVING VIOLATIONS

Date	Violations

## ACCIDENTS

Date	Location	At Fault

In conjunction with my potential employment at Lourenco Backhoe, Inc. (the company) I consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use:

Results:  Acceptable

Unacceptable

Number of points: \_\_\_\_\_

Within \_\_\_\_\_ months

Reviewed by: \_\_\_\_\_