

# REQUEST FOR CHECK OF DRIVING RECORD

**NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.**

I hereby authorize you to release the following information to \_\_\_\_\_

(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Sections 300002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

The following named person has made application with our company for the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation Regulations,  
please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations,  
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number & Street) (City) (State) (Zipcode)

FORMER ADDRESS: \_\_\_\_\_  
(Number & Street) (City) (State) (Zipcode)

DATE OF BIRTH: \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

REQUESTED BY

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State) (Zipcode)

\_\_\_\_\_  
(Signature)

## Request for Driver Information

Most states require their specific form to be used to obtain an individual's driving record. The following states *do not* require the use of a state-specific form. This information is current through January 15, 2010, and is subject to change.

State/General Contact Information	State/General Contact Information
<p><b>District of Columbia</b>            Department of Motor Vehicles            Driver's Records            P.O. Box 90120            Washington, DC 20090            (202) 727-5000</p>	<p><b>Kentucky</b>            Transportation Cabinet            Division of Driver Licensing            Fee Accounting Section            200 Mero St.            Frankfort, KY 40622            (502) 564-0278</p>
<p><b>Florida<sup>1</sup></b>            Bureau of Records            P.O. Box 5775, MS 90            Tallahassee, FL 32314-5775            (850) 617-2000</p>	<p><b>Maine</b>            Bureau of Motor Vehicles            State House Station 29            Attn: Driving Records            Augusta, ME 04333-0029            (207) 624-9000 Ext. 52116</p>
<p><b>Hawaii</b>            Traffic Violations Bureau            Abstract Section            1111 Alakea Street, 2nd Floor            Honolulu, HI 96813            (808) 538-5530</p>	<p><b>Maryland<sup>1</sup></b>            State Motor Vehicle Administration            Driver Records Unit, Room 145            6601 Ritchie Highway, N.E.            Glen Burnie, MD 21062            (410) 768-7034/7035</p>
<p><b>Idaho<sup>1</sup></b>            Idaho Transportation Department            Driver Services Section            P.O. Box 34            Boise, ID 83731-0034            (208) 334-8735</p>	<p><b>North Dakota<sup>1</sup></b>            Driver's License Division            608 E. Boulevard Ave.            Bismarck, ND 58505            (701) 328-2604</p>
<p><b>Indiana<sup>1</sup></b>            Bureau of Motor Vehicles            100 N. Senate Ave., Room N405            Indianapolis, IN 46204            (317) 233-6000, option #2</p>	<p><b>Rhode Island</b>            Operator Control            John O. Pastore Bldg.            Harrington Hall - Lower Level            30 Howard Ave., Bldg. 58            Cranston, RI 02920            (401) 462-0800</p>
<p><b>Kansas<sup>1</sup></b>            Department of Revenue            Driver Control            P.O. Box 12021            Topeka, KS, 66612            (785) 296-3671</p>	

<sup>1</sup> State issued form or other form of written request is considered acceptable.