

MOTOR VEHICLE REPORT REQUEST FORM

Date		No of Pages	
To		From	
Co.		Co.	
Phone		Phone	
Fax		Fax	

Prospective	New Employee				
Last Name	First Name	Middle	Birth Date	State	Driver's License #

Circle the appropriate answer for each question:

- Have you ever been denied a driver's license or had one suspended or revoked? Yes or No
- Have you had any violations in the past 3 years? Yes or No
- Have you had any auto accidents in the past 3 years? Yes or No

IF THE ANSWER TO ANY QUESTIONS WAS "YES", PLEASE EXPLAIN (GIVE DATE OF VIOLATIONS AND /OR ACCIDENTS:

DRIVER – I hereby grant permission for Mettler Agency Inc. and my employer, or prospective employer to secure a Motor Vehicle Report on me. I also affirm that the statements made above are stated truthfully and without reservation.

Signed this ____ day of _____, 20__ Driver's Signature _____