



INQUIRY TO STATE AGENCY FOR DRIVER'S RECORD

DATE: _____

YOUR COMPANY NAME: _____

DRIVER'S NAME: _____

DRIVER'S LICENSE NO: _____

LICENSE STATE: _____

DRIVER'S DATE OF BIRTH: _____

In accordance with Section 391.23 (a) (1) and (b) of the Federal Motor Carrier Safety regulations and in conformance with the Fair Credit Reporting Act of 1970, we are required to make inquiry into the driving

Record of the above listed driver during the preceding three (3) years of every state in which the applicant-driver has held a motor vehicle operators license or permit during those three years.

In the event that this inquiry does not satisfy the requirements of the Company, where said driver is to be placed; it is further understood and agreed that the agency (Transportation Resources & Assurance Agency Corp.) is hereby released from any and all liability, which may result from furnishing such information.

X

Signature of Driver/Employee authorizing release of driving record

Completed form must be returned to our office via fax or email for approval:

Fax (631) 758-8871 | Email frontdesk@transre.net

Should you elect to hire this driver, you must notify our office PRIOR to allowing him or her to operate any insured vehicles or equipment. Driver should not be considered approved or acceptable unless you are notified by our office in writing.