

AUTHORIZATION TO OBTAIN BUREAU OF MOTOR VEHICLE REPORT

BUSINESS INFORMATION:

Mercury Service,
Division of Taubra Corporation
P.O. Box 13644
Dayton, OH 45413-0644

DRIVER INFORMATION (please print)

Name:		
Date of Birth:		
Social Security #		
Driver's License #		State Issued:
	Existing Contractor?	New Contractor?

- Information obtained will be used to determine eligibility for insurance purposes.
- Driver does hereby authorize the release of any and all information obtained in the Bureau of Motor Vehicles Report for the purpose listed above. Unsigned requests will not be processed.

Driver's Signature: _____

Business' Signature: _____

Fax signed form to Thomas Fenner Woods at

This form will be faxed back noting the following:

Acceptable _____ Declined* _____ Incorrect/Insufficient Data** _____

*Driving record does not meet insurance companies' insurability requirements

**All information will need to be corrected and sent again