

Authorization to Obtain  
Bureau of Motor Vehicle Report

Employers Information (please print)

Business Name:			
Branch or Location:			
Fax Number:	(    )	(    )	(    )
Phone :	(    )	(    )	(    )

Applicant (please print)

Name:			
Date of Birth:			
Social Security #:			
License Number:		State Licensed:	
New Hire _____		Existing Employee _____	

Information obtained will be used to determine eligibility for insurance purposes.

Applicant 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.

Applicant Signature \_\_\_\_\_

Employer's Signature \_\_\_\_\_

Fax signed form to Thomas Fenner Woods at 614-481-4301

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.