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		versity of Colorado		
	gation as required by Sections 391 any and all liability which may res	1.23 and 391.25 of the		Safety Regulations.	
	(Applicant's Signature)		(D	ate)	
amended by the Consucertify the following: 1. The consucertify the following: 1. The consucertify the consucertify and the consucertify the consucertification of t	ing an adverse action based in whe requested report and the summa gency. at this report request and the above hicle records under the provisions	(Title II, Subtitle D, Chewriting the procurement of in a separate written of for a "permissible purple ose; sed in violation of any followed or in part on the reary of consumer rights are applicant's release in	napter 1, of Public Lavent of this report; disclosure that a constrpose" (i.e., information federal or state equal port the consumer (appas provided with the resource meet the definition of the consumer (appas provided with the resource meet the definition of the consumer (appas provided with the resource meet the definition of the consumer (apparent).	sumer report may be on for employment opportunity law or oplicant) will receive a eport by the consumer	
322, Title XXX, Section	(Signature of Requester)		(D:	ate)	
TO:	. ,		(2)	ato,	
TO:					
					
					
DEAR SIR/MADAM:					
□ The following named	person has made application with	ո our company for the լ	position of		
Pegulations please t	In accordang furnish the undersigned with the a	ce with Section 391.23			
	-			Jul 0.	
J	d person is employed with our con In accordance	with Section 391.25, F	ederal Department of	f Transportation	
Regulations, please	furnish the undersigned with the	employee's driving reco	ord for the past year.	•	
NAME OF APPLICANT	T/DRIVER				
ADDRESS					
FORMER ADDRESS	(Number & Street)	(City)	(State)	(Zip Code)	
	(Number & Street)	(City)	(State)	(Zip Code)	
DATE OF BIRTH	SSN	LIC	CENSE NO		
	RE	QUESTED BY			
(Na	ame of Company)		(Typed Name)		
(Address)			(Title)		
(City)	(State)		(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 May 6, 2004, and is subject to change.

require the use of a state-specific form. This information is current through May 6, 2004, and is subject to change.			
State/General Contact Information	State/General Contact Information		
District of Columbia	Kentucky		
Department of Adjudication	Transportation Cabinet		
Driving Records Branch	Division of Driver Licensing		
65 K Street, N.E., Room 200A	Fee Accounting Section		
Washington, DC 20002	200 Mero St.		
(202) 535-1530	Frankfort, KY 40622		
	(502) 564-6800 Ext. 5358		
Florida ¹	Maine		
Bureau of Records	Bureau of Motor Vehicles		
P.O. Box 5775, MS 90	State House Station 29		
Tallahassee, FL 32314-5775	Attn: Driving Records		
(850) 922-9000	Augusta, ME 04333-0029		
	(207) 624-9000 Ext. 52116		
Hawaii	Maryland ¹		
Traffic Violations Bureau	State Motor Vehicle Administration		
Abstract Section	Driver Records Unit, Room 145		
1111 Alakea Street, 2 nd Floor	6601 Ritchie Highway, N.E.		
Honolulu, HI 96813	Glen Burnie, MD 21062		
(808) 538-5530	(410) 768-7034/7035		
Idaho ¹	Minnesota		
Idaho Transportation Department	Department of Public Safety		
Driver Services Section	Driver Compliance		
P.O. Box 34	445 Minnesota Street, Suite 180		
Boise, ID 83731-0034	St. Paul, MN 55101		
(208) 334-8735	(651) 296-2023		
Indiana ¹	North Dakota		
Bureau of Motor Vehicles	Driver's License and Traffic Safety Division		
100 N. Senate Ave., Room N405	State Highway Department		
Indianapolis, IN 46204	608 E Blvd. Ave.		
(317) 233-6000, option #2	Bismarck, ND 58505-0178		
(817) 288 8888, 88481 112	(701) 224-2603		
Iowa	Rhode Island		
Iowa Department of Transportation	Operator Control		
Office of Driver Services	286 Main Street		
Park Fair Mall, 100 Euclid Avenue	Pawtucket, RI 02860		
P.O. Box 9204	(401) 721-2650		
Des Moines, IA 50306-9204	(101) 121 2030		
(800) 532-1121			
(515) 244-9124			
Kansas ¹	West Virginia ¹		
Department of Revenue	Department of Motor Vehicles		
Driver Control	Driver Improvement Division, Building 3, Room 124		
P.O. Box 12021	1800 Kanawha Blvd., East		
Topeka, KS 66612	Charleston, WV 25317		
(785) 296-3671	(304) 558-0238		
(103) 470-3011	(30+) 330-0430		

¹ State-issued form or other form of written request is considered acceptable.