



PO Box 62267
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**** REQUEST FOR DRIVING RECORD ****

I, _____
First Name Middle Name Last Name

request that Brands

Insurance order a copy of my driving record so that I can be considered for

employment by _____
Trucking Company Name

I authorize Brands Insurance to request a copy of my driving

record from the state of _____.

I further authorize Brands Insurance to forward a copy of my driving abstract to

the insurance company that underwrites the coverage for my potential

employer.

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Driver License Number

Years of experience

Date of Birth

Signature of Driver

Date

***PLEASE FAX MVR REQUESTS TO 513-755-5796
OR EMAIL TO: mvr@brandsinsurance.com***

‘Transportation Specialists’