

This form must be fully completed, including driver's signature, for Wells Fargo Insurance Services to obtain a Motor Vehicle Record (MVR) for a driver or potential driver.

COMPANY INFORMATION

COMPANY NUMBER: _____ NEW HIRE: _____ CURRENT EMPLOYEE: _____

DRIVER INFORMATION

DRIVER'S NAME: _____
Last Name First Full Middle Name

DRIVER'S ADDRESS: _____
Street or PO Box City State Zip Code

DATE OF BIRTH: _____
Month Day Year

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVER LICENSE INFORMATION

LICENSE NUMBER: _____ STATE: _____

DRIVER RELEASE

I, _____, hereby authorize Wells Fargo Insurance Services
NAME OF DRIVER to request a copy of my Motor Vehicle Driver's Record.

SIGNATURE OF DRIVER

DATE

PLEASE FAX THIS REQUEST TO

1-513-564-2385

WELLS FARGO INSURANCE SERVICES
1014 VINE STREET
CINCINNATI OH 45202