

**DO NOT SEND DOCUMENTS THAT MAY
INCLUDE ANY INDIVIDUAL'S PERSONAL INFORMATION OTHER
THAN WHAT IS REQUIRED ON THIS MVR REQUEST FORM**

Email to: clrequests@zianw.com

Or - FAX to: (541) 836-2708

PHONE NUMBER (541) 836-2177

MVR REQUEST FORM

Contact Person: _____ Email: _____

MVR REQUEST - Below to be completed by the signatory of this form.

(Please print clearly)

Individual's Full Name: _____
Last First MI

Driver's license number: _____

State: _____ Date of Birth: _____
MM \ DD \ YY

Job Description: _____

Please answer the following questions:

Have you ever been denied a driver's license or had one suspended/revoked? _____

Have you had any moving, traffic violations in the past 3 years? _____

Have you had any auto accidents in the past 3 years? _____

If you currently hold a CDL, how many continuous years have you held this designation? _____

If licensed less than 3 years in above State, provide previous State & License #: _____

If the answer to any question was "yes", explain (give dates of violations/accidents & description):

I understand that my MVR record will be obtained for any state licensed in during the last 3 years to determine my eligibility to drive for the company, **I understand that my MVR will be periodically run to confirm continued eligibility.** In accordance with the Fair Credit Reporting Act I acknowledge the above and authorize the employer or their designated insurance agent to secure my Motor Vehicle Report. This authorization is valid for two years as of the date of this signed form and may be rescinded in writing.

(Signature of employee – Electronic Signatures are not acceptable)

Date

For Agency use only:

_____ This person **would** meet company standards as a driver under your policy

_____ This person **would not** meet company standards as a driver under your policy

_____ This person is marginal ~ any further activity would put the driver outside underwriting guidelines. If hired, we will reorder report in 6 months.