

Request For Check Of Driving Record

TO:	RE:
	Drivers Name
	License Number and State
	Social Security Number
	Date of Birth
Dear,	
	ade application to be a driver for our company or is npany and has reported that the above referenced ed to him/her by your state.
Safety Regulations we are required to ma), §391.23(b), and §391.25 of Federal Motor Carrier ke an inquiry into the driving record during the above. Therefore please furnish the above-referenced year period.
Thank you very much for your assistance	and cooperation.
Signature	
PLEASE RETURN THE DRIVING REC	ORD TO:
ATTN: <u>Mackenzíe Schnurr</u>	<u>.</u>
Denver Intermodal Express Company Name	<u>.</u>
107000 East 40 th Avenue Address	<u>.</u>
<u>Dewver, Co 80239-3221</u> City, State, Zip code	<u>.</u>