



5301 Grant Ave., Cleveland, Ohio 44125
p 216-298-4488

**REQUEST TO OBTAIN
MOTOR VEHICLE DRIVING RECORD**

Name of Applicant/Employee _____

Address _____

City, State, Zip _____

Name of Employer _____

Address _____

City, State, Zip _____

To: Wichert Insurance Services, Inc.

Consumer reports may be obtained as part of the company's evaluation of my job application/employment. The reports may be procured by Wichert Insurance Service, Inc. and may include my driving record, an assessment of my insurability under the company's insurance coverages. By signing this disclosure, I hereby authorize the company to procure Motor Vehicle Reports about me from time to time, as it deems appropriate, to evaluate my insurability.

Signed _____

Printed Name _____

Driver's License # _____

Date of Birth _____

State in which Driver's License was issued _____

Please Note: MVR reports cannot be released to employers due to the Fair Credit Reporting Act. Violation of this could result in fines and/or penalties from State/Federal authorities.

