

Dear Sir/Madam

I am authorizing _____ to request a license check on me.
Employer's name

License #: _____ Class: _____ State Issued: _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Sex: _____

Has your license ever been suspended or revoked? _____

If so, when _____

Have you ever been convicted of any of the following? If so, indicate when.

Felony or Class A, B, or C misdemeanor	Yes	No	_____
Hit and Run Driving	Yes	No	_____
Driving while intoxicated	Yes	No	_____
Driving while under the influence of drugs	Yes	No	_____
Reckless Driving	Yes	No	_____

List any moving violations in the last five (5) years

<u>Date</u>	<u>Violation</u>
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the above information is true and complete.

Signature

Date