



# BRANDS INSURANCE AGENCY, INC.

P.O. BOX 62267 – CINCINNATI, OH 45262-0267 – PHONE (513) 777-7775 – FAX (513) 777-7782 – WWW.BIAI.COM

## **\*\* REQUEST FOR DRIVING RECORD \*\***

I, \_\_\_\_\_ request that Brands  
*print name*

Insurance order a copy of my driving record so that I can be  
considered for employment by Wild Bohemian Carriers, Inc.  
*trucking company*

I authorize Brands Insurance to request a copy of my driving  
record from the state of \_\_\_\_\_ and to forward a copy of my  
*state*

abstract to my potential employer via FAX or e-mail. I further authorize Brands  
Insurance to forward a copy of my driving abstract to the insurance company that  
underwrites the coverage for my potential employer.

\_\_\_\_\_  
*Driver License Number*

\_\_\_\_\_  
*Years experience*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Signature of Driver*

\_\_\_\_\_  
*Date*

**PLEASE FAX MVR REQUESTS TO 513-755-5796**