

This form must be fully completed, including driver's signature, for Wells Fargo Insurance Services to obtain a Motor Vehicle Record (MVR) for a driver or potential driver.

**COMPANY INFORMATION**

COMPANY NUMBER: \_\_\_\_\_ NEW HIRE: \_\_\_\_\_ CURRENT EMPLOYEE: \_\_\_\_\_

**DRIVER INFORMATION**

DRIVER'S NAME: \_\_\_\_\_  
Last Name First Full Middle Name

DRIVER'S ADDRESS: \_\_\_\_\_  
Street or PO Box City State Zip Code

DATE OF BIRTH: \_\_\_\_\_  
Month Day Year

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DRIVER LICENSE INFORMATION**

LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

**DRIVER RELEASE**

I, \_\_\_\_\_, hereby authorize Wells Fargo Insurance Services  
NAME OF DRIVER to request a copy of my Motor Vehicle Driver's Record.

\_\_\_\_\_  
SIGNATURE OF DRIVER

\_\_\_\_\_  
DATE

**PLEASE FAX THIS REQUEST TO**

**1-513-564-2385**

WELLS FARGO INSURANCE SERVICES  
1014 VINE STREET  
CINCINNATI OH 45202