

Request for Check of Driving Record

To: _____

DEAR SIR/MADAM:

The following person has made application with our company for the position of DRIVER
In accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations, please furnish the undersigned carrier with the applicants driving record for the past three (3) years.

NAME OF DRIVER _____

COMPANY _____

Mark box if OR company release has been obtained or if non-applicable

ADDRESS _____
(Number & Street) (City) (State) (ZIP Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (ZIP Code)

DATE OF BIRTH _____ LICENSE NO. _____

Last 4 of SSN _____ LICENSE ST. _____

List all licenses held in the last three years.

REQUESTED BY

Glostone Trucking Solutions _____
(Name of Company) (Typed Name)

P.O. Box 1650 _____
(Address) (Title)

Clackamas OR 97015 _____
(City) (State) (Zip) (Signature)

Applicant's Information Release

I hereby authorize you to release the following information to Glostone Trucking Solutions, Inc
for purposes of investigation as required by Section 391.23 of the Federal Motor from any and all liability
which may result from furnishing such information.

Employment Record Non-Employment Record Both Amount Enclosed _____

(Driver Signature)

(Date)