## REQUEST FOR CHECK OF DRIVING RECORD

## AS REQUIRED BY

## U.S. DEPARTMENT OF TRANSPORTATION MOTOR CARRIERS SAFETY PROGRAM

**PURSUANT TO 49 CFR 391.23** 

(Print - Driver's Name)	(Driver's S	(Driver's Signature)		
(Driver's Address)	(Driver's L	(Driver's License No.)		
(Driver's - City & State)	(Driver's S	(Driver's Social Security No.)		
The above listed individual has made apprabove numbered operator's license or permi		150 (150 to 150		
In accordance with Section 391.23(a)(1) a inquiry into the driving record during the precedence operator's license or permit during the	ceeding three years of ev			
Therefore, please certify to us what the ir exists if that be the case.	ndividual's driving record	is for the preceding three years	s, or certify that no record	
In the event that this inquiry does not sati necessary for us to complete our inquiry into	5. 351		send us such forms as a	
		Respectfully yours,		
		(Signature of Motor Carrier Repres	gnature of Motor Carrier Representative)	
(Print – Motor Carrier Representative Name)				
(Title of Motor Carrier Representative)				
MYERS TRANSPORT INC (Motor Carrier Name)				
1343 HWY 384	GRAND LAKE,	LA	70607	
(Address)	(City)	(State)	(Zip)	

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