

Driving Record Check

[Your Business]
[Street Address]
[City, State and Zip Code]

[Date]

[State] Department of Motor Vehicles
[Street Address]
[City, State and Zip Code]

To Whom It May Concern:

I wish to check the driving records of the following individual for purposes of employment. Please find enclosed a release form, signed by the applicant, allowing you to provide this information. Also enclosed is a stamped, addressed envelope in which to send the report.

Please contact me at [your phone number] if you require information in addition to that provided below:

[Applicant]
[Street Address]
[City, State and Zip]
[Date of Birth]
[Driver's License Number]

Thank you.

Sincerely,

[Your Name]
[Your Title]
[Your Business]