



To Whom It May Concern:

I am a Motor Carrier, _____ with US DOT # _____ who has not had active authority for more than three months. Therefore, in order to proceed and be considered to move load # _____, my driver _____ has given authority through the attached document to run his MVR to confirm that he meets your driver qualifications. I understand that if he meets your driver qualification, we will be able to use him on the load mentioned above.

Motor Carrier's Owner Signature



Driver Qualification Data

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVER LICENSE #: _____ STATE: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

CELL PHONE #: _____

VEHICLE: _____ YEAR: _____ MAKE: _____

Engine Year: _____

_____ I confirm that I do not have a criminal background, and thereby authorize a complete background check.

_____ I have a minimum of 2 years CDL experience operating the same type of vehicle and equipment.

REFERRED BY: _____

X _____

Applicant's Signature

BROKER-MOTOR CARRIER MVR REQUEST

I hereby authorize you to release the following information to R & R Express, Inc. & Affiliates
(Prospective Employer)
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Sections 300002(a)).

(Signature of Requester) (Date)

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
_____. In accordance with Section 391.23, Federal Department of Transportation Regulations,
please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____
_____. In accordance with Section 391.25, Federal Department of Transportation Regulations,
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: _____

ADDRESS: _____
(Number & Street) (City) (State) (Zipcode)

FORMER ADDRESS: _____
(Number & Street) (City) (State) (Zipcode)

DATE OF BIRTH: _____ SSN _____ LICENSE NO. _____

REQUESTED BY

R & R Express, Inc & Affiliates
(Name of Company)
100 Commerce Drive
(Address)

(Typed Name)
Safety Assistant
(Title)

Pittsburgh PA 15275
(City) (State) (Zipcode)

(Signature)