

**[Company Name]**  
**Driving Record Check**

[Company Name]  
[Street Address]  
[City, State and Zip]

[Date]

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

To Whom It May Concern:

I wish to check the driving records of the following individual below 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 [Phone Number] if you require information in addition to what is provided below:

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

Thank you very much for your cooperation.

Sincerely,

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