

CDL INQUIRY CORP

DRIVER AUTHORIZATION FOR

(state)

I, _____, do hereby authorize the
(Driver Name)

Division of Motor Vehicles to release my driving record to

(Name of company requesting form(s)).

This release shall remain in full force and effect until I, myself file formal withdrawal.

Driver's full name: _____

Date of birth: _____

Driver's License # _____

Signature

Date