U.S. DEPARTMENT OF TRANSPORTATION MOTOR CARRIER SAFETY PROGRAM INQUIRY TO STATE AGENCY FOR DRIVER'S RECORD 391.23

			(Driver's Name)
			(Driver's Operators Lic. No.)
			(Driver's Social Sec. No.)
Dear:			
The above listed individual has indicated that the above numbered cant and that it is in good standing	d operator's license		
In accordance with Section 391. are required to make inquiry into the an applicant-driver has held a more	ie driving record dui	ing the preceding	3 vears of every State in which
Therefore, please certify to us vectify that no record exists if that		s driving record i	s for the preceding 3 years, or
In the event that this inquiry do send us such forms of yours as a of this individual.	es not satisfy your are necessary for us	requirements for to complete out	making such inquiries, please inquiry into the driving record
			Respectfully yours,
			Signature of individual making inquiry
(printed) Name of person making	inquiry		
Title of person making inquiry			
Motor Carrier Name	· · · · · ·		
Street	City	State	Zip