



SPECIALIZING IN TRANSPORTATION INSURANCE

Date: _____

To: Peoples Insurance Agency
PO Box 119
Waverly, Iowa 50677-0119

From: MIDO'S TRUCKING LLC

MOTOR VEHICLE RECORD REQUEST FORM

I would like to request you to order a Motor Vehicle Record (MVR) for the following individual:

Name: _____

D.L.# _____ DOB: _____

State: _____ Last 4 of Social Security Number: _____ Years Experience: _____

Individual: I understand that driving is a part of my job description, and I hereby give permission to Peoples Insurance Agency to access my motor vehicle records and provide a copy to my prospective or current employer.

Signature: _____ Date: _____

Name: _____

Please return to Brittany or Cale by fax or email
PH: 800-932-4801 Fax: 319-538-0053
E-mail: britany@peoples-insurance.com, cale@peoples-insurance.com

Fleet Team