

Accurate

Credit Bureau

1792 E. Washington Blvd. Pasadena, CA. 91104
Phone 626 798-6670 Fax 626 398-0642

Drivers License Request Form

I, _____, do hereby authorize the
_____ Division of Motor Vehicles

to release my driving record to

End User Company Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone Number _____ Client ID # _____

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

Drivers Full Name: _____

Date of Birth: _____ Drivers License Number _____

Signature: _____ Date: _____

******WARNING/CONFIDENTIAL******

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender by telephone immediately (626 798-6670). Thank you for your cooperation

IMPORTANT DECISIONS DEMAND ACCURATE INFORMATION

www.accuratecredit.com