****There will be a $10.00 fee charged for each MVR ordered.****

DRVIER/MVR REQUEST

INSURED'S NAME: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____

APPLICANT:
NAME: _____
DATE OF BIRTH: _____
DRIVERS LICENSE: _____
STATE OF LICENSE: _____

REMARKS/REQUESTS: _____

_____

PLEASE FAX MVR AS SOON AS POSSIBLE TO FAX NUMBER: _____
ATTENTION: _____

(X) _____ _____
SIGNATURE DATE

_____

AUTHORIZATION TO RELEASE INFORMATION AND COPY RECORDS

TO: KOROTKIN INSURANCE GROUP
REGARDING: REQUEST FOR INFORMATION

I, the undersigned, hereby authorize Korotkin Insurance Group to furnish to _____, any and all information which may be requested regarding my driving record, certified record of civil infractions and/or traffic misdemeanors, drivers license history and any and all information relevant or pertinent to my obtaining employment and the use of a "chauffeur's license" in my employment, and to allow them or any person acting as their agent to examine or copy any records which may be contained in the file of the above named. I agree that a photographic copy of this authorization shall be as valid as the original.

_____ _____
APPLICANT SIGNATURE DATE

Subscribed and sworn to before me
This _____ day of _____, 20__

_____
NOTARY PUBLIC