



# REQUEST FOR DRIVER INFORMATION



TYPE OR PRINT ALL INFORMATION LEGIBLY

Send this completed form to [employment@data-cell.com](mailto:employment@data-cell.com) or fax to (815) 828-0922.

## A DRIVER INFORMATION

NAME: LAST		FIRST		MIDDLE INITIAL	
ADDRESS					
CITY					
STATE				ZIP CODE	
PHONE NUMBER					
DATE OF BIRTH			SOCIAL SECURITY NUMBER		
MONTH	DAY	YEAR			

## B LICENSE INFORMATION

LICENSE OR ID NO.:		CLASS	EXPIRATION DATE	ISSUE DATE	SEX
HEIGHT	WEIGHT	EYES	RESTRICTIONS	ENDORSEMENTS	AUDIT NO.

## C EMERGENCY CONTACT INFORMATION

NAME: LAST		FIRST		MIDDLE INITIAL	
ADDRESS					
CITY					
STATE				ZIP CODE	
PHONE NUMBER					
RELATIONSHIP					

## D DRIVER RELEASE

IS THERE ANY REASON YOU WOULD NOT BE INSURABLE WITH DCS, INC. FLEET INSURANCE POLICY?  
 NO  YES  IF YES, EXPLAIN.

I \_\_\_\_\_ hereby request the Department of Transportation to furnish a copy of my Driver's Record to Data Cell Systems, Inc. and its representative insurance company.

X \_\_\_\_\_  
SIGNATURE OF DRIVER

\_\_\_\_\_  
DATE