

Motor Vehicle Record Evaluation Request

Complete Part I and forward to Safety and Risk Management at SRMD 1851 or fax to 713-743-8035

Part I

NAME: _____ Social Security: _____
Last First Mi.

JOB APPLICANT

CURRENT EMPLOYEE

DRIVER'S LICENSE: _____
State Number

DATE OF BIRTH: _____ TYPE OF LICENSE: _____

DEPARTMENT: _____ CAMPUS MAIL CODE: _____

NORMAL TURNAROUND IS 4 WEEKS (No Charge)

CONTACT PERSON : _____
Print Name

DATE OF REQUEST _____

BY WHOM _____

REQUESTOR'S SIGNATURE

FOR RUSH (3-5 days) SERVICE, THERE IS A NOMINAL (approx. \$10) FEE TO BE PAID BY REQUESTING DEPARTMENT.

ACCOUNT CODE IF RUSH SERVICE REQUESTED: _____

CERTIFYING SIGNATURE (RUSH SERVICE ONLY): _____

Part II

MVR Request to Insurance Co. _____

MVR EVALUATION: _____ COMMENTS: _____

ACCEPTABLE DRIVER

UNACCEPTABLE DRIVER

SIGNATURE

DATE