

REQUEST FOR CHECK OF DRIVING RECORD

Company _____

Telephone _____

Address _____

Name _____

Position _____

Dear Sir/Madame,

The following individual has applied for a driving position with our company. Would you kindly provide us with the named below applicant's driving record for the past three- (3) years? This information will be kept in the strictest confidence. We appreciate your co-operation.

Applicant's Name _____

Address _____

Previous Address _____

Driver's License # _____ Province Issued by _____

Date of Birth _____ S.I.N. _____

I, _____ authorize you to release my driving record to:

F&G Delivery Ltd. 9324 – 192nd Street, Surrey, BC V4N 3R8

Applicant's Signature _____ Date _____

Yours truly,

F&G Delivery Ltd.
Company

9324 – 192nd Street
Address

Surrey, BC V4N 3R8
City, Prov., Postal Code

Colleen Miller
Name

Safety & Compliance
Title

Signature of Requester