



## MVR REQUEST FORM

EMAIL TO: [mvrs@aegis-online.com](mailto:mvrs@aegis-online.com)

DATE: \_\_\_\_\_

REQUESTED BY: [Your name & email]  
\_\_\_\_\_  
\_\_\_\_\_

It is important to be in compliance with DOT regulations. Please let us assist you by running the drivers MVR prior to operating your company vehicle.

**PLEASE EMAIL REQUEST 24/48 HOURS AHEAD**

Insured/Moving Company: \_\_\_\_\_

### REQUEST FOR DRIVER APPROVAL OF THE FOLLOWING:

NOTE: If the prospective driver is licensed in the following states, a signed authorization is required to run an MVR: Arkansas, New Hampshire, Pennsylvania, Virginia, and Washington.

FULL NAME:	
DATE OF BIRTH:	
LICENSE #:	STATE LICENSED:
YEAR DRIVER WAS ORIGINALLY LICENSED:	

FULL NAME:	
DATE OF BIRTH:	
LICENSE #:	STATE LICENSED:
YEAR DRIVER WAS ORIGINALLY LICENSED:	

FULL NAME:	
DATE OF BIRTH:	
LICENSE #:	STATE LICENSED:
YEAR DRIVER WAS ORIGINALLY LICENSED:	