

Logistics Network Group LTD

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11S360 Madison St, Ste B

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Motor Vehicle Record Request Form

I would like to request you to order a Motor Vehicle Record (MVR) for the following individual:

Name: _____

D.L. # _____ DOB: _____

State: _____ Years Experience: _____

Individual: I understand that driving is a part of my job description, and I hereby give permission to Logistics Network Group LTD to access my motor vehicle records.

Signature: _____

Date: _____

Name: _____