

U.S. Department of Transportation  
MotorCarrier Safety Program

Inquiry to State Agency for Driver's Record  
§391.23

I, \_\_\_\_\_  
(Driver's Name) Print

\_\_\_\_\_/\_\_\_\_\_  
(Driver's Operators License # / State)

\_\_\_\_\_  
(Driver's Social Sec. #)

**X** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Driver's Signature) Date

Do Hereby Authorize the Office of Driver Services to release my Driving Record to:

**JMC EXPRESS INC /**  
**Thompson D.O.T. Safety and Compliance**  
**220 East Bond, STE 105 West Memphis, AR. 72301**  
**Office: (870) 400-2222 Fax: (901) 259-0565**

Dear Sir or Madam:

The above listed individual has made an application with us as a driver. Applicant has indicated that the listed numbered operator's license or permit has been issued by your State to the applicant and that it is in good standing.

In accordance with §391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that were the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully Yours,

\_\_\_\_\_  
(Signature of individual making inquiry)

\_\_\_\_\_  
(Print) Name of person making inquiry

\_\_\_\_\_  
Title of person making inquiry