



2212 South Patterson Blvd.
Kettering, OH 45409

(937) 296-9393 (937) 293-0440 fax
www.rathweginsurance.com

Motor Vehicle Record Request

From: _____ Date: _____

Business Name: _____

Fax #: _____ Phone #: _____

Driver Information:

Name: _____

Address: _____

SS#: _____ DL# _____

Date of Birth: _____ Job Description: _____

*2 Or More Moving Violations Violations/ Accidents in the last 3 years _____

*Any OVI/ DUI or Reckless Operations Violations in the last 5 years _____

*Is Drivers License currently suspended? _____

***IF ANSWER IS YES TO ANY OF THESE QUESTIONS DRIVER IS INELIGIBLE**

Circle One: Hired Employee Potential Employee

I hereby grant permission for Rathweg Insurance Associates, Inc. to secure a motor vehicle report on me to verify my eligibility as an insured driver for above company and also to share information from motor vehicle report with above company.

Driver's Signature

Date