

# Inquiry to State Agency for Driver's Record

**U.S. DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY PROGRAM  
391.23**

\_\_\_\_\_  
Driver's Name

\_\_\_\_\_  
Driver's Operators License No.

\_\_\_\_\_  
Driver's Social Security No.

Dear \_\_\_\_\_

The above listed individual has made application with us for employment as a driver. He/she has indicated that the above numbered operator's license or permit has been issued by your State to him/her, and that it is in good standing.

In accordance with Section 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 three years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those three years.

Therefore, please certify to us what the individual's driving record is for the preceding three years, or certify that no record exists if that be 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 person making inquiry

\_\_\_\_\_  
Printed name of person making inquiry

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

\_\_\_\_\_  
Motor Carrier Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip