

Request for MVR



<input type="checkbox"/> New Hire	<input type="checkbox"/> Existing Employee
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DOT Driver

***PLEASE READ CAREFULLY:** Check the box "DOT Driver" if this employee will be a "driver" of a commercial motor vehicle (CMV) which is defined as a truck or combination of truck and trailer with GVW of 10,000 lbs or more, otherwise leave it blank. For DOT drivers the MVR will be provided for the driver's qualification (DQ) file maintained at the branch.

SEND TO: IBP via **FAX:** 614-907-8526 or **EMAIL:** mvr@installed.net

EMPLOYER SECTION:

Branch Name: IBP Longway Trucking LLC
Branch No. 199
Phone: (216) 581-3450
Email: craig@myexpresslogistics.com
Branch Contact: Craig Schultz

DRIVER'S LICENSE INFORMATION:

Name as it appears on license: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth of Driver: _____
Social Security Number of Driver: _____
Driver's License Number: _____ State: _____ Exp: _____

Note: Do not send copy of Driver's License with this MVR.

EMPLOYEE SECTION:

My driving report may be obtained as part of the Installed Building Product's evaluation of my job application/employment. The report may be procured by Installed Building Products, an assessment of insurability under the Company's insurance coverage and if applicable for purposes of investigation as required by the Federal Motor Carrier Safety Regulation. By signing this disclosure, I hereby authorize the Company to procure such reports about my driving record from time to time, as it deems appropriate, to evaluate my insurability, or comply with Federal Motor Carrier Safety Regulations.

Signature: _____

Date: _____