

**MOTOR VEHICLE RECORD REQUEST PERMISSION FORM**

I, the undersigned, give authorization for P. W. Wood and Son, Inc. to obtain a current copy of my Motor Vehicle Driving Record (MVR).

I state that I currently hold a valid Motor Vehicle Driver's license as indicated below and all information is correct. This authorization is good until revoked by me in writing. This information will only be used to verify my Motor Vehicle Driving Record.

**PRINT OR TYPE ALL INFORMATION**

NAME AS IT APPEARS ON LICENSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STATE OF LICENSE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

**FORM TO BE RETURNED TO UNDERSIGNED**

CCE AUTHORIZATION SIGNATURE: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

EMAIL ADDRESS (for results) \_\_\_\_\_

County \_\_\_\_\_