

## Non-Internet Request Form

## \* USE THIS FORM ONLY IF YOU DO NOT USE THE INTERNET \*

Visit www.DriverFacts.com to learn about other methods of requesting work history data. (Use the online method and save \$4.00.)

DO NOT use this form in conjunction with DriverFacts Internet processing.

Any questions, please call DriverFacts at 888-844-4730 x82

S	** Requestor Information **				
T E	Requestor Name:	Fax:	Fax: We need this to communicate with you.		
P	Requestor Company:		We need this to communicate with you.  Reports will be sent to this number.		
1	Address: C	ity:	State:	Zip	
	Phone: Today's I	Date:		-	
S	** Driver Information - enter SSN's	Driver Name	Comp	pany	
E P	1.       -     -				
2	2.       -     -	<del></del>		<del></del>	
S T E P	** Circle which work history you want **	Report Fee	Fax/Ma	il Request Fee	
	Combo (includes Basic and Accident information)     Basic Employment	\$ 5.95 each pe	r SSN /compan	v + \$4.00	
3	By signing below, I the requestor, certify that I am authorized and have written authorization from the driver to obtain current and/ or past work history information, that I have a legitimate business need for the data and that I am in compliance with applicable federal, state and local laws and regulations. I understand that DriverFacts is a third-party service and provides access to driver information on behalf of the carrier. I hold harmless, the provider of this data, DriverFacts and it's affiliates for the content of the data. I agree to inform DriverFacts of any discrepancies.				
	Requestor Signature:	Date: _			
	If accident information is requested, please attach a valid DOT release with the drivers signature and date. If you do not				
	have a valid release then please have the driver sign and date the attached release then fax this form along with the				
	release to the fax number below.				
S T E P	** Payment Information ** If mailing this form, send self-addressed stamped envelope to:				
	DriverFacts, 1261 N. Lakeview Ave. #J526, Anaheim, CA 92807				
	Circle one: VISA M/C AMEX CHECK   Credit Card Number:     -   -	·    -	_ -		
	Name on card: (please print)		Date (MM/YY):		
	By signing below, I authorize DriverFacts to charge my credit card for a manual request fee of \$4.00 plus the total amount of all reports ordered above. I also understand that fees are non-refundable.				
	Signature:	Date: _			
STEP 5	** Final step! **				
	<ol> <li>ATTENTION EMPLOYERS - If you chose the Combo Work History in step 3 above, fax a valid, DOT Accident release with the drivers signature and date along with this form.</li> </ol>				
	2. ATTENTION DRIVERS AND EMPLOYERS - <u>THIS IS NOT A FREE SERVICE</u> . This form must have a valid credit card, money order, or check. If payment information is not complete, DriverFacts WILL NOT PROCESS THIS FORM.				
	3. Fax this form to (714) 695-1907. Your results will be faxed to you in 1-2 days or mailed in the envelope you provided.				
	For Drug & Alcohol information please contact the FMCSA (	Clearinghouse.		rev. 01052023	



## **Applicant Accident Release Form**

I hereby authorize DriverFacts to release information from my Department of Transportation regulated accident records by my previous employers listed below:

Previous and/or Current Company(s) Worked For	City	State
To the requesting employer / individual:		
City	State : Phone:	
ony		
This release is in accordance with regulation FMCSA Part of the following information during the past three years or be		
(1) General driver identification and employment verification (2) The data elements as specified in § 390.15(b)(1) of this in the three-year period preceding the date of the employment	chapter for accidents involving the ent application.	e driver that occurred
<ul> <li>(i) Any accidents as defined by § 390.5 of this chapte</li> <li>(ii) Any accidents the previous employer may wish to pursuant to the employer's internal policies for retaining</li> </ul>	provide that are retained pursuan	
v	V	
X Driver Signature	X Date	
X	X	
Print Name	Social Security Nun	nber

## \*\* Incomplete forms will not be accepted \*\*

In compliance with FMCSA regulation 391.23 part (i)(1) you have certain rights regarding the investigative information that will be provided to the prospective employer: i) You have the right to review information provided by previous employers; ii) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; iii) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer investigative information must submit a written request to the prospective employer. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer, then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective employer may consider you to have waived your request to review the records.