

Motor Vehicle Record Release Form

**Pacella Trucking Express Inc
2558 South Damen Avenue
Chicago, IL 60608**

I _____ hereby authorize Pacella Trucking Express Inc to obtain an abstract
(Print Name)

of my Motor Vehicle record in order to verify my driving performance history and status. I also understand that my affiliation as a CMV driver with Pacella Trucking Express, whether as an applicant or current driver, at their discretion, will be based on the outcome of this report.

Name: _____ Date of Birth: _____
(Print Name)

CDL #: _____ Class: _____ CDL Expiration: _____

Current Address: _____ SSN# _____

Is your license currently suspended or pending suspension? Yes No
Have you received a warning letter from the state, notifying you that any further violations will result in a suspension? Yes No

Endorsements: _____ Restrictions: _____

Do you have any moving violations or accident history currently on your motor vehicle record? NO
If you answered "Yes" please list below: YES

State of Occurrence	Type of Moving violation	Type of Accident	Month	Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have a current DOT Medical Card? Yes No

Driver Signature: _____ Date: _____

FINISHED

Signature of the representative reviewing the record: _____

Results:

Driver meets the requirements

Driver is placed on probation -

Driver's accident or moving violation history is not acceptable

Date From:

Date To:

Review Date: _____