



Goebel Septic Tank Services, Inc  
171 Big Hanaford Rd • Centralia, WA 98531

P: (360) 736-2167 | F: (360) 736-3981

## REQUEST FOR CHECK OF DRIVING RECORD

To:

Dear State Licensing Agency:

The following person has made application with our company for the position of \_\_\_\_\_

In accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations, please furnish the undersigned carrier with the applicant's driving record for the past three (3) years.

**NAME OF APPLICANT** \_\_\_\_\_ **DOB** \_\_\_\_\_  
FIRST MIDDLE LAST

**ADDRESS** \_\_\_\_\_  
CITY STATE ZIP

**FORMER ADDRESS** \_\_\_\_\_  
CITY STATE ZIP

**SSN** \_\_\_\_\_ **LICENSE NO.** \_\_\_\_\_ **SEX** \_\_\_\_\_

**DATE REQUESTED** \_\_\_\_\_ **AMOUNT ENCLOSED** \_\_\_\_\_

**EMPLOYMENT RECORD** \_\_\_\_\_ **NON-EMPLOYMENT RECORD** \_\_\_\_\_ **BOTH** \_\_\_\_\_

### APPLICANT INFORMATION RELEASE

I hereby authorize you to release the following information to \_\_\_\_\_  
for purposes of investigation as required by Section 391.23 of the \_\_\_\_\_  
Federal Motor Carrier Safety Regulations. You are released from any  
and all liability which may result from furnishing such information.

NAME OF COMPANY

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NAME OF COMPANY** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
CITY STATE ZIP

**TYPED NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "Permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 61 (a) of the Fair Credit Reporting Act.

**DATE** \_\_\_\_\_ **SIGNATURE OF REQUESTER** \_\_\_\_\_