

## MVR REQUEST & AUTHORIZATION FORM

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

TO: AEGIS INSURANCE SERVICES, INC.  
5755 NORTH POINT PKWY # 277  
ALPHARETTA, GA 30022  
770-360-5565 PHONE  
770-667-8348 FAX  
[mvr@aegis-online.com](mailto:mvr@aegis-online.com)

It is important to be in compliance with DOT regulations. Please let us assist you by running the drivers MVR prior to operating your company vehicle.

**PLEASE EMAIL OR FAX  
REQUEST 24/48 HOURS AHEAD**

FROM: (Name & Email)

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PLEASE ORDER MVR'S ON THE FOLLOWING:

<b>FULL NAME:</b>
<b>DATE OF BIRTH:</b>
<b>LICENSE # &amp; STATE:</b>
<b>YEAR DRIVER WAS ORIGINALLY LICENSED:</b>
<b>DATE OF HIRE:</b>

<b>FULL NAME:</b>
<b>DATE OF BIRTH:</b>
<b>LICENSE # &amp; STATE:</b>
<b>YEAR DRIVER WAS ORIGINALLY LICENSED:</b>
<b>DATE OF HIRE:</b>

<b>FULL NAME:</b>
<b>DATE OF BIRTH:</b>
<b>LICENSE # &amp; STATE:</b>
<b>YEAR DRIVER WAS ORIGINALLY LICENSED:</b>
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