ALLIANCE OF SCHOOLS FOR COOPERATIVE INSURANCE PROGRAMS (ASCIP)

MOTOR VEHICLE RECORDS REQUEST (MVR)

DATE: _____

FROM:

District: _____
Requestor: _____
Phone: _____
Fax: _____

TO: ASCIP – **Nancy Lopez**
Bloomfield Avenue
Cerritos, CA 90703
Phone: (562) 404-8029
Fax: (562) 404-8038

PLEASE OBTAIN MVR'S ON THE FOLLOWING INDIVIDUALS:
(the requestor certifies that each driver listed herein has granted their permission to perform a DMV history check and for ASCIP to provide that information to their District:

(Type or Print Very Clearly)

Name (Last, First M.I.)	**Date of Birth**	**Driver's License Number** (*attached a copy of Driver's License, if available)*	**State**

THIS INFORMATION IS NEEDED BY: _____ Thank you,

Please fax or mail this form
Alliance of Schools for Cooperative Insurance Programs
16550 Bloomfield Avenue, Cerritos, CA 90703 (562) 404-8029