



Preferred Solutions, Inc.

Phone: (630) 910-3507
Fax: (630) 910-3630
7501 Lemont Road, Suite 250
Woodridge, IL 60517

www.preferredsolutions.com

Motor Vehicle Request (MVR) Form

Driver: _____ State: _____ <small>Last Name First Name</small>
Licence Number: _____
Social Security Number: _____ Date of Birth: _____
Today's Date: _____

New Employee: _____ Annual Employee Review: _____

Supervisor Requesting MVR: _____

Client: _____ Location: _____

Location Fax Number: _____

STATUS

Acceptable

Unacceptable

Approval Signature: _____

Acceptance of this Motor Vehicle Report (MVR) means that the applicant meets company policy.
It is not an authorization to hire applicant.