



# MOTOR VEHICLE RECORD EVALUATION REQUEST

## PART 1 - TO BE COMPLETED BY EMPLOYEE *(Please provide information as it appears on your driver's license.)*

First Name	Middle Name	Last Name	
Street Address	City	State	Zip Code

## Driver's License Information *(Please provide your driver's license information for the past three years.)*

State	Driver's License Number	Expiration Date	Date of Birth
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I hereby authorize the University of Houston-Downtown to conduct a Motor Vehicle Record (MVR) evaluation in order to assess my eligibility to drive or continue driving a University-owned or leased vehicle.

Signature	Date
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## PART 2 - TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR

*Please process an MVR check on the aforementioned employee, and bill my department accordingly.*

Supervisor Name	Title	Department
Office Phone	Office Fax	Speed Type
Signature	Date	

## PART 3 - TO BE COMPLETED BY ESO

MVR Evaluation:  Acceptable Driver  Unacceptable Driver  Probationary Driver

Comments

Signature	Date
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