

DATE:

TO: RISK MANAGEMENT- Debbie Beich
Phone: (608)262-8926 Fax: (608)262-9082

FROM:

PHONE/FAX/EMAIL:

DEPARTMENT/UDDS:

SUBJECT: **PRE-HIRE DRIVING RECORD CHECK**

NAME _____

DRIVER'S LICENSE # _____

NAME _____

DRIVER'S LICENSE # _____

NAME _____

DRIVER'S LICENSE # _____

NAME _____

DRIVER'S LICENSE # _____

NAME _____

DRIVER'S LICENSE # _____

OUT OF STATE LICENSE NUMBERS CANNOT BE CHECKED.

A RESPONSE WILL BE SENT WITHIN 48 HOURS.