

**BABCO FOODS INTERNATIONAL** 

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## **MVR AUTHORIZATION FORM**

For Review of Driving Record

Requesting Insured	
Driver Name	
Driver License Number	
License State	
Date of Birth	
Email Address	
Signature of Driver	
Date of Request	

My signature above attests that I grant authorization for procurement of my driving record for the purpose of review. A copy of this driving record will be made available to me upon request.