

Data Driven Safety, LLC Consumer Report Request Form

I am requesting a copy of my Consumer Report.

By submitting your Data Driven Safety, LLC Consumer Report Request Form to Data Driven Safety, LLC, you are certifying to Data Driven Safety, LLC that: (i) you are the individual consumer whose information you are requesting; (ii) the personal and contact information you provide is complete and accurate to the best of your knowledge; and (iii) you understand that you may contact Data Driven Safety, LLC's Compliance Department at any time to ask questions about the Data Driven Safety, LLC Consumer Report Request Form or the request process.

First Name	Middle Name	Last Name
Date of Birth	Driver's License Number	Driver's License State
Mailing Address		
Email Address	Name of Employer that Requested Your Consumer Report	

A photocopy of my valid Driver's License is attached as proof of my identity.

Signature:

Date:

***A clear image of your driver's license or passport MUST be uploaded
in order for us to proceed with your request.***