

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_

Federal Motor Carrier Safety Administration  
Attn: FOIA Team MC-MMI  
1200 New Jersey Avenue SE  
Washington, DC 20590

(202) 385-2335  
Attn: FOIA Team

**FOIA REQUEST**  
**Fee waiver requested**  
**Expedited processing requested**

Dear FOIA Officer:

Pursuant to the federal Freedom of Information Act, 5 U.S.C. § 552, I request access to and copies of my driver record as contained in the Pre-employment Screening Program as generated from data reported from the Motor Carrier Information Management System via my Commercial Driver's License number \_\_\_\_\_ issued by the state of \_\_\_\_\_.

Through this FOIA request, I am consenting to the release of safety performance information including crash data from the previous five years and inspection history from the previous three years. Please direct the requested information to my attention at the above address.

Accompanying this request is a completed Privacy Waiver form.

Please waive any applicable fees. I am seeking my personal driving records maintained in the Motor Carrier Management Information System in order to review my driver information resource records.

If my request is denied in whole or part, I ask that you justify all deletions by reference to specific exemptions of the act. I reserve the right to appeal your decision to withhold any information or to deny a waiver of fees.

Please provide expedited processing of this request as it has a direct impact on my professional opportunities and erroneous information could have a detrimental effect on my ability to secure or retain employment; secure or retain contracts; as well as to secure or retain insurance.

I look forward to your reply within 20 business days, as the statute requires.

Thank you for your assistance.

Sincerely,