Driver Record Screening Request

1. Agencies wishing to screen **fewer than 100** driver records should submit a roster in the following format:

State Fleet Management Office
1430 Senate Street, 3rd Floor
Columbia, SC 29201-3710

This agency wishes to have the Motor Vehicle Record of the following employees screened (attach original pages as necessary):

Driver's License No.	Name	Date of Birth

Requestor's Signature

Signature: _____ Date: _____

Agency _____

Position _____ Telephone _____

2. Agencies wishing to screen **100 or more driver records** should submit driver data in **electronic form**, such as on a floppy disk, ZIP disk, CD, or magnetic tape. Specifications for electronic submission can be obtained from the *State Fleet Safety Officer* at the address shown above.