(Print on Company Letterhead)

Date

Service Oklahoma

ATTN: MVR/Collision Records

PO Box 11415

Oklahoma City, OK 73136

Dear MVR/Collision Records Staff:

I am writing to you in my capacity as [Your Title] of the [Company Name] to formally request the Motor Vehicle Records for certain employees, as per the stipulations of the Driver’s Privacy Protection Act (DPPA), 18 U.S.C. §§ 2721-2725.

Enclosed with this letter, you will find a list of individuals for whom we seek the records. This list includes each employee’s first and last name as shown on their driver license, driver license number, and date of birth.

We assure you that the requested information is necessary for [state the purpose, e.g., ensuring compliance with the company’s vehicle operation policies] and will be handled with the utmost confidentiality and respect for privacy.

Please direct all retrieved records and any correspondence to the following address:

[Your Mailing Address or Email Address]

We appreciate your prompt attention to this matter and look forward to your cooperation.

Sincerely,

[Company Representative’s Name]

[Position or Title]

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name****(as it appears on the driver license)** | **First Name****(as it appears on the driver license)** | **Date of Birth** | **Driver License Number****(including the alpha prefix)** |
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