



# STAR Insurance Services of Texas, Inc.

A division of the Steven L. Thomas Agency, Inc.

## Authorization to Request Driving Information

Request date \_\_\_/\_\_\_/\_\_\_ From: \_\_\_\_\_ Call back phone \_\_\_-\_\_\_-\_\_\_\_\_

Insured (Company Name) \_\_\_\_\_

I, \_\_\_\_\_, give authorization to obtain a report containing information regarding my driving record history to determine my insurability.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Date of Birth

If you have any questions, please call 972-625-9777

**FAX TO 972-625-9778**