

FAX COVER

To: PDBCI Services Date: _____

Fax: 403-273-8887 Pages: _____

From: _____
Contact Company Name

Return To E-mail or Fax# _____

With each application that is received – please process in the following manner:

1. For Credit: Do not investigate – file & credit our account <input type="checkbox"/>

2. For Processing: Full 5 year investigation as per Schedule B..... <input type="checkbox"/>
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3. For Cross-reference: Database cross-reference check for additional places of employment and accidents..... <input type="checkbox"/> * Please supply missing phone numbers..... <input type="checkbox"/>

Additional Services: Copy of History Report already on file..... <input type="checkbox"/> Drug Results from previous employer..... <input type="checkbox"/> Exit Interview on terminated driver..... <input type="checkbox"/> Criminal Record Search..... <input type="checkbox"/> Credit Bureau Report..... <input type="checkbox"/>

For each inquiry, company application must be accompanied by a driver's release signature.

Comments: _____