

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL INFORMATION.

1. Complete items 1-6 for each order.
2. Complete items 7-13 for each report request.
3. Driver's License Number (item 9) should not contain any dashes, spaces, commas, or other punctuation marks.

INSURANCE INFORMATION EXCHANGE

A unit of ISO Claims Services, Inc.

DRIVER REPORT REQUEST FORM

FAX-IN SERVICE (800) 299-0313
 PHONE-IN SERVICE (800) 683-8553, option 4

iiX USE ONLY

DATE TIME ____/____/____ : ____

FORM CONTROL #

PROCESSED BY: _____

- (1) ACCOUNT # _____ (2) YOUR BUSINESS NAME _____
 SIGNATURE _____ (3) REQUESTER'S NAME _____ (4) PHONE _____
 (5) DATE _____ (6) PLEASE: () MAIL BACK REPORTS () PHONE BACK REPORTS () FAX REPORTS TO # _____
 () USE 1 HOUR SERVICE FOR (selected states) () ORDER FROM ARCHIVE IF AVAILABLE

(7) BILLING CODES	(8) STATE	(9) DRIVER'S LICENSE NUMBER	REPORT TYPE	(10) DRIVER'S FULL NAME (Last, First, Middle)	(11) DATE OF BIRTH (MM-DD-YY)	(12) SEX	(13) COMMENT (Policy #, Name, etc.)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

KEEP A COPY FOR YOUR RECORDS