



COLLINSWORTH, ALTER, LAMBERT
RISK MANAGEMENT, BONDING & INSURANCE

Email: lwaggoner@calllc.com
Facsimile: 561-427-6730

DRIVER APPROVAL REQUEST

INSURED: _____

DATE: _____

TO: COLLINSWORTH, ALTER, LAMBERT, LLC

FAX NUMBER: (561) 427-6730

PLEASE CHECK DRIVER'S LICENSE FOR:

NAME: _____

DRIVER LICENSE NUMBER: _____

DATE OF BIRTH: _____

EMPLOYEE SIGNATURE