## **Driver Change Request Form**

To: <b>The Arizona Group</b>	Attention:
------------------------------	------------

Telephone #: 480-892-8755 http://www.arizonagroup.com/

Please note that all Motor Vehicle Requests require a 24-48 hour waiting period. The standard minimum acceptable driving age is 25 years old.

To obtain an instant Arizona Motor Vehic	le Report, please visit www.servicearizona.com
Named Insured/Policyholder:	
Requested by (contact):	
PRIVACY WAI	VER OF INFORMATION
VEHICLE RECORD TO MY PRESENT	GROUP TO REVIEW & RELEASE MY MOTOR T OR POTENTIAL EMPLOYER'S INSURANCE TO OPERATE ANY VEHICLE FOR INSURANCE
PRINT EMPLOYEE NAME	DRIVER LICENSE #
STATE ISSUED	DATE OF BIRTH
EMPLOYEE SIGNATURE	TODAY'S DATE
O Add driver immediately if acceptable	– NO NOTIFICATION NECESSARY
O Contact insured with acceptable/unac (Details of the record will <b>NOT</b> b	
	o underwriter approval. All drivers are required to y infraction could lead to an Exclusion. If you have se contact your service representative.
If you are requesting to delete a drive complete the following information:	er, disregard the information above and please
Name of driver(s) to be deleted:	
Effective Date of Change:	
Signature:	Date: