

To: The Insurance Centers

Attn: Clerical Dept

Fax #(732) 574-8001

## MVR REQUEST FORM

Office Use Only

New

Renewal

**INSURED'S NAME:** \_\_\_\_\_

**NAME OF DRIVER** \_\_\_\_\_

**DRIVER LICENSE#** \_\_\_\_\_

**STATE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**REQUESTED BY** \_\_\_\_\_

**INSURED'S FAX NUMBER** \_\_\_\_\_

### MVR Fees:

**Standard MVR – A fee of \$15.00 will be charged per MVR**

**Express MVR (same day) – A fee of \$20.00 will be charged per MVR**

It takes an average of 2-3 business days to receive an MVR.