



Industrial Foundation of America  
 402 E. San Antonio Ave.  
 Boerne, TX 78006

Phone: 1-800-592-1433  
 Fax: 1-800-628-2397

Membership # \_\_\_\_\_ Sub # \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Requester Name: \_\_\_\_\_

Fax # ( ) \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

*IS checks are automatically run for Texas, Oklahoma, Louisiana and New Mexico.  
 Please indicate state required if outside this four state area.*

Request information on the following:

✓Indicate service(s) required:

Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____		IS	State:
Social Security #: _____ DOB: _____		No Record: <i>(IFA use only)</i>	Record: <i>(IFA use only)</i>
Driver's License # _____ State: _____		MVR	CRIM
CRIM-City: _____ County (if known): _____ State: _____		EDC* <i>(Include information as indicated below)</i>	
CRIM-City: _____ County (if known): _____ State: _____			
Comments <i>(IFA use only)</i> : _____		IFA Rep: _____	

Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____		IS	State:
Social Security #: _____ DOB: _____		No Record: <i>(IFA use only)</i>	Record: <i>(IFA use only)</i>
Driver's License # _____ State: _____		MVR	CRIM
CRIM-City: _____ County (if known): _____ State: _____		EDC* <i>(Include information as indicated below)</i>	
CRIM-City: _____ County (if known): _____ State: _____			
Comments <i>(IFA use only)</i> : _____		IFA Rep: _____	

Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____		IS	State:
Social Security #: _____ DOB: _____		No Record: <i>(IFA use only)</i>	Record: <i>(IFA use only)</i>
Driver's License # _____ State: _____		MVR	CRIM
CRIM-City: _____ County (if known): _____ State: _____		EDC* <i>(Include information as indicated below)</i>	
CRIM-City: _____ County (if known): _____ State: _____			
Comments <i>(IFA use only)</i> : _____		IFA Rep: _____	

IS - Industrial Safety MVR - Motor Vehicle Request CRIM - Criminal EDC - Education Degree Confirmation  
 You can request as many names as needed. Duplicate this form if necessary.

\* Education verification requests should be included on a separate sheet. We are able only to verify information given to us, so be specific when submitting requests. Include name of college/university/trade association (with city and state), dates of attendance, date of graduation and degree(s) earned.