



TOWN OF CHRISTIANSBURG DRIVING INFORMATION REQUEST

Please type or print clearly. Check one or more boxes to show the type(s) of information desired and provide all requested data.

REQUESTOR INFORMATION

| | | | | |
|--|--------------------|--------------------------|--|---|
| Name: Last Town of Christiansburg | | First | Middle | Organizational Affiliation (if any) Human Resources |
| Street Address 100 East Main Street | | | Telephone Number () (540) 382-6128 | |
| City Christiansburg | State VA | Zip Code 24073 | Federal Tax ID or Social Security Number* 54-6001215 | |
| Reason for Request (Please be specific) Annual or necessary review of applicable employee/volunteer's driving record | | | | |
| <i>I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I further certify that the information I have requested with this form will be used only for the stated purpose.</i> | | | | |
| Employer Representative Signature _____ | | | Date _____ | |

SUBJECT'S PERSONAL INFORMATION *(includes name and address)*

| | | | | |
|----------------|--|------|-------|----------|
| Subject's Name | | Last | First | Middle |
| Address | | | City | State |
| | | | | Zip Code |

SUBJECT'S DRIVING INFORMATION *(includes license history and conviction data)*

| | |
|--|---------------|
| Driver's License Number or Social Security Number | Date of Birth |
| Driver's Authorization (required for employers and others not authorized by Virginia code): I authorize the Department of Motor Vehicles to furnish information pertaining to my driving record to the requestor identified above, on an annual or as-needed basis until such time as employment ends or I submit written notice to my employer that authorization is revoked. | |
| Driver's Signature | Date |