



## Department of Motor Vehicle Consent Form ~ Driving Record Inquiry

Name of Employee/Driver: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City/Town State Zip

Date of Birth: \_\_\_\_\_  
Month Day Year

Driver's License Number: \_\_\_\_\_

*Please check the boxes and sign below to consent.*

I hereby permit DOVE, Inc. and its agents to conduct a pre-employment Department of Motor Vehicle check and thereafter conduct this check on a yearly basis.

I agree to notify my supervisor immediately at DOVE of any violation that may cause the loss of my driver's license.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Employee's Full name, printed

\_\_\_\_\_  
Date