## Driver's License Status Consent Form

I hereby authorize the Directorate of Emergency Services Civil Liaison Office to check the status of my license.			
	(Orgai	rization or Individual)	
The inform	nation may be released to	o	
Full Name	(print)		
	-		
A damaga an	d/or UNIT/Phone	<u> </u>	
Address an	a/or UN1 (/Phone		
Sex	Date of Birth		
Ser	Date of Britte	Driver's License Number	State
Signature			
Date			

Expiration: