

REQUEST FOR ABSTRACT OF LICENSE INFORMATION

DEPARTMENT _____

DATE _____

NAME _____
FIRST MIDDLE INITIAL LAST

JOB TITLE _____ DATE OF HIRE _____

PERMANENT ADDRESS _____
NUMBER STREET CITY STATE ZIP

PREVIOUS OUT OF STATE ADDRESS, IF ANY

_____ FROM _____ TO _____

(PRINT CLEARLY)

DRIVERS LICENSE NUMBER _____ / _____ / _____ / _____

TYPE(S) OF LICENSES YOU HOLD

AUTO _____ CDL _____ BUS 1 _____ BUS 2 _____

ARTICULATING (TRACTOR TRAILER) _____ MOTORCYCLE _____

I hereby release this information to the Township of Long Hill and understand that the Township of Long Hill will use this information to verify my driving record. I authorize the Township of Long Hill to obtain an abstract of my driving record from the Department of Motor Vehicles. I further understand that the Township of Long Hill may request additional abstracts of my driving record from time to time and I hereby authorize the same.

EMPLOYEE SIGNATURE DATE

DEPT. HEAD SIGNATURE DATE