

Drive-To-Work	
Application for Services	
Personal Identification	
Full Name: Mr Ms.	Home phone:
Previous Names (If any):	Cell:
Date of Birth	Other Contact No.
US Citizen Yes No	
Social Security Number	
How did you hear about Drive-To-Work? (Bus, Friend etc.)	
Legal Residence	
Street	Apt No.
City	State and Zip
City/County where you reside	
Own _____ Rent _____ Family _____ (check one)	
If Rent, Contact Name	Phone
How long at this address mo/yr	
e-mail address	
Personal Identity Documents	
	Do You Have? (Check all that apply)
Birth Certificate	Yes No
Virginia Drivers License	Yes No No.: _____
Virginia Personal Identification Card	Yes No No.: _____
Criminal Justice Agency Offender Information Form	Yes No
US Passport	Yes No
Other Passport	Yes No
Social Security Card	Yes No
Employer Check Stubs (two most recent)	
Family Information	
Married? Yes No Name	Living Together Yes No Name
Number of Dependents	
Child Support Orders (fill out completely)	
Name	\$ mo
Name	\$ mo
Name	\$ mo
Household Income (take home pay of all residents)	\$ mo
Employment	
	Monthly Income
Employed Yes No	How long?
Self Employed Yes No	How long?
Social Security Disability Yes No	
Other Income Source: _____	
Employer/Name of Business	Address
Supervisor	Phone
Your Position	Salary \$ mo Hourly \$ hr
Work Hours	Hours per week
How Do You Get There?	Time Traveling (per day)
Outstanding Garnishments Yes No	OVER

Virginia Driving Record		
Past Virginia Driver's License	Yes No	License No
Present License	Yes No	
<i>Restrictions/Offenses</i>		Check all that apply
Driving Under Influence (DUI) _____		
Suspend - Not Paying Child Support _____		Previous Pay Plan? Yes No
Suspend - Not Paying Fines and Costs _____		Previous Pay Plan? Yes No
Habitual Offender _____		
Driving on Suspended _____		
Do you have your DMV Driver History Transcript?		Yes No
Do you have your DMV Compliance Summary?		Yes No
Driving Record: Other States		
Have you been licensed in other states? Yes No		List State(s):
Was your License suspended in any other state? Yes No		
List State(s) where suspended:		
Do you have any Pending Traffic Case(s)? Yes No		
If Yes, please list the case(s) below		
Date	Charge	Court
Description of Facts:		
Criminal Offender Record (If applicable)		
Convictions (make separate list - offense & sentence)		
Time Served (years)		Place of Incarceration
Release Date		
Parole/Probation Officer		Court
Telephone		
Do you have CCRE Report from State Police		Yes No
Certification		
I certify that all the information in this Application is true and correct.		
No services are promised or will be rendered until this Application is accepted.		
For services to be provided, a client agreement must be signed and		
Any required fees must be paid		
Signature		Date
DID YOU SEND:		
<input type="checkbox"/> DMV Request Form		
<input type="checkbox"/> \$20.00 Check or Money Order		
Mail to:		Office Location:
DRIVE-TO-WORK		DRIVE-TO-WORK
P.O. Box 14526		1735 Summit Avenue
Richmond, VA 23221		Richmond, VA 23230
		804-358-6727; 804-358-7000 (fax)
		1-877-358-6727
rev. 05/26/16		www.drivetowork.org



Department of Motor Vehicles
P.O. Box 27412
Richmond, Va 23269-0001

INFORMATION REQUEST

CRD-83 (06/01)

CCC USE ONLY

Fee
Add Fee

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 DRIVE-TO-WORK First Middle	Organizational Affiliation (if any)
Street Address 1735 SUMMIT AVENUE	Telephone Number (804-) 358-6727
City RICHMOND State VA Zip Code 23230	Federal Tax ID or Social Security Number* 20-8612550
Use Agreement Number (if applicable) 7476	Access Code (if applicable)
Reason for Request (Please be specific) LEGAL ASSISTANCE	
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.	
Requestor's 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 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, for this one time only, information pertaining to my driving record to the requestor identified above.
Driver's Signature Date

VEHICLE INFORMATION (includes vehicle description and registration data)

Vehicle Identification Number NOT APPLICABLE	Vehicle Make NOT APPLICABLE	Vehicle Year N/A
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ACCIDENT REPORT

Driver's Name NOT APPLICABLE	Driver's License Number NOT APPLICABLE	Date of Accident
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OTHER INFORMATION (PLEASE BE SPECIFIC)

NOT APPLICABLE

DMV Customer Service Center Use ONLY

Proof of Requestor's Identification <input type="checkbox"/> Valid Driver's License Number _____ <input type="checkbox"/> Other Photo ID _____	Proof Of Requestor's Organizational Affiliation <input type="checkbox"/> Request on Organization's Letterhead Stationery <input type="checkbox"/> Business Card from Organization <input type="checkbox"/> Law Enforcement Badge Number _____ <input type="checkbox"/> Other _____
If Referred to Headquarters to Fill Request, Complete: Teller's Name _____ Customer Service Center Name (not #) _____	Remarks/Teller Stamp _____ Fee Charged _____

*Required by the State Comptroller for debt set-off collection purposes in accordance with Virginia Code §§2.1-196, 2.1-731, 2.1-734, et al.