



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 E-mail: _____
Social Security Number: _____ Copy of card attached.
Virginia ID or Driver License Number: _____ Copy of ID/license attached.
Virginia DOC Number: _____ Copy of card attached.

How did you hear about Drive-To-Work? (bus, friend etc.): _____

LEGAL RESIDENCE

Your Name: _____ Name of Owner, if not you: _____
Street: _____ Apt No.: _____
City: _____ State and Zip: _____
City/County Where You Reside: _____

FAMILY INFORMATION

Married: Yes No Living Together: Yes No
Spouse's or Significant Other's Name: _____
Number of Dependents: _____
Child Support Orders (fill out completely):
Name: _____ \$ _____ per month
Name: _____ \$ _____ per month
Name: _____ \$ _____ per month
Household Income (take home pay of all residents): _____ \$ _____ per month

EMPLOYMENT

Monthly Income \$ _____ Other Income Source: _____
Employed: Yes No How long? _____
Self-Employed: Yes No How long? _____
Social Security Disability: Yes No
Employer Name: _____ Supervisor: _____
Address: _____
Phone: _____ Fax: _____
Your Position: _____ Salary \$ _____ per month Hourly \$ _____ hr.
Work Hours: _____ Hours per week: _____
How Do You Get There? _____ Time Traveling (per day) _____
 Employer Check Stubs (include two of the most recent stubs) SSI Certification (include copy)

Outstanding Garnishments: Yes No

Court or Agency: _____

VIRGINIA DRIVING RECORD

Past Virginia Driver's License: Yes No

License No.: _____

Present License: Yes No

RESTRICTIONS/OFFENSES (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

Need to consolidate your payments Yes No

Habitual Offender

Drugs

Need to go to driving school Yes No

DRIVING RECORD IN 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: _____

PENDING TRAFFIC CASES

Do you have any pending traffic case(s)? Yes No

If yes, please list the case(s) below:

Date: _____ Charge: _____ Court: _____

Date: _____ Charge: _____ Court: _____

Description of Facts: _____

CRIMINAL OFFENDER RECORD

Convictions (make separate list of offenses and sentence):

Convicted of a Felony: Yes No

Time Served (years): _____

Served at DOC Facility: Yes No

Release Date: _____

Place of Incarceration: _____

Parole/Probation Officer: _____

Court: _____

Telephone: _____

CERTIFICATION

1. I certify that all the information in this application is true and correct.
2. No services are promised or will be rendered until this application is accepted.
3. For services to be provided, a client agreement must be signed and any required fees must be paid.
4. Inactive applications will be discarded six (6) months after date received.

Signature: _____

Date: _____

Make sure to send: DMV Request Form

\$20.00 Check or Money Order

Mail to: DRIVE-TO-WORK, P.O. Box 14526, Richmond, VA 23221

DRIVE-TO-WORK

Office Location 1735 Summit Avenue, Richmond, VA 23230

804.358.6727 • 804.358.7000 Fax • Email: info@drivetowork.org • www.drivetowork.org



INFORMATION REQUEST

CRD-93 (09/01)

CCC USE ONLY

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

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	First	Middle	Organizational Affiliation (if any)
O. Randolph Rollins (VSB 05857)			
Street Address Drive-To-Work PO BOX 14526			Telephone Number ()
City Richmond, VA 23221		Zip Code 23221	Federal Tax ID or Social Security Number*
Use Agreement Number (if applicable) rollins@drivetowork.org		Access Code (if applicable)	
Reason for Request (Please be specific)			
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 Num	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	Vehicle Make	Vehicle Year
-------------------------------	--------------	--------------

 ACCIDENT REPORT

Driver's Name	Driver's License Number	Date of Accident
---------------	-------------------------	------------------

 OTHER INFORMATION (PLEASE BE SPECIFIC)

--

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.

REQUIRED