



RESTORING DRIVING PRIVILEGES

DRIVE-TO-WORK
4625 W. Broad Street
Richmond, VA 23230
804-358-6727; 804-358-7000 fax
info@drivetowork.org
www.drivetowork.org

APPLICATION FOR SERVICES

PERSONAL INFORMATION

Full Name: Mr. Ms.
Previous Names (if any):
Date of Birth:
Social Security Number:

FAMILY INFORMATION

Married: Yes No Spouse:
Number of Dependents:
Name of Dependent
Name of Dependent

EMPLOYMENT

Employed: Yes No How long?
Self-Employed: Yes No How long?
Employer Name:
Employer Address:
Your Position:
Hours per Week: Work Hours:
How Do You Get to Work?
Travel Time to Work:

CRIMINAL RECORD

Years Served: Release Date:
Place of Incarceration:

How did you hear about Drive-To-Work? (Check all that apply)

- Ad Probation Officer
Bus Re-Entry Program
FaceBook Social Media
Family Social Services
Friend ValPak/Reach
Other

LEGAL RESIDENCE

Street:
Apartment Number:
City:
State and Zip Code:
City/County where you reside:
U.S. Citizen: Yes No

PERSONAL CONTACT INFORMATION

Cell Phone Number:
Home Phone Number:
Other Contact Number:
Email:

INCOME

Wages: \$ Hourly Weekly Monthly
Social Security Income: \$
Other Income: \$

DRIVING RECORD

Virginia DMV Customer Number:
License in Other States: Yes No States:
License Suspended in Any State: Yes No States:
Pending Traffic Case: Yes No
Date: Charge: Court

CERTIFICATIONS

I certify that all the information in this application is true and correct.
I know the Client Agreement must be signed before services are provided.
I know that any fees must be paid before services are provided.
I understand my Application for Services is good for six (6) months.

SIGNATURE

Signature:
Date:

Purpose: Use this form to request information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION			
REQUESTER FULL NAME (last, first, mi, suffix) Drive-To-Work		FEDERAL TAX ID OR SOCIAL SECURITY NUMBER* 20-8612550	
EMAIL ADDRESS info@drivetowork.org	ORGANIZATIONAL AFFILIATION (if any)	TELEPHONE NUMBER 804-358-6727	USE AGREEMENT NUMBER (if applicable) 7476
STREET ADDRESS 4625 W. Broad Street		CITY Richmond	
STATE VA	ZIP CODE 23230	ACCESS CODE (if applicable)	TNC CERTIFICATE NUMBER (if applicable)
REASON FOR REQUEST (be specific) (attach additional sheets if necessary) Legal Assistance			

* In accordance with Virginia Code §§2.2-803, 2.2-4807, and 58.1-520 et seq., the State Comptroller requires that the information requested on this application, including your social security number, be collected for debt set off collection purposes.

GOVERNMENT REQUESTER	
IDENTIFY PROPOSED USE AND LEGAL AUTHORITY (Attach additional pages if needed. Attach letter with case information)	
<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Special District <input type="checkbox"/> Other (identify below)	
IF OTHER, IDENTIFY TYPE	
<input type="checkbox"/> Check here if you are an attorney for the Commonwealth requesting information pursuant to your authority under Va. Code § 15.2-1627.	CASE DATE
<input type="checkbox"/> Check here if you are a public defender requesting information pursuant to your authority under Va. Code § 19.2-163.3.	

SUBJECT INFORMATION	
If you are requesting driving record information, the subject will be the person you are requesting information on. If you are requesting vehicle information, the subject will be the vehicle owner (if available).	
SUBJECT FULL NAME (last, first, mi, suffix)	<input type="checkbox"/> CHECK TO INDICATE SUBJECT NAME AND ADDRESS IS THE SAME AS THE REQUESTER ABOVE.
STREET ADDRESS	
CITY	STATE ZIP CODE

INFORMATION REQUESTED	
Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for Driving Record Information, Vehicle Information and Decedent Photo Requests. For Police Crash Reports provide as much information as possible.	

<input type="checkbox"/> DRIVING RECORD INFORMATION (Includes license history and conviction data) (complete SUBJECT INFORMATION above)	
SUBJECT DRIVER LICENSE NUMBER	or SUBJECT BIRTH DATE (mm/dd/yyyy)
REASON FOR REQUEST (Check one) <input type="checkbox"/> Insurance <input type="checkbox"/> Employment, School, or Military <input type="checkbox"/> Member/Applicant/Volunteer <input checked="" type="checkbox"/> Personal Use, Court, or Attorney <input type="checkbox"/> TNC	
An authorization from the subject is 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 requester identified above.	
SUBJECT SIGNATURE	DATE (mm/dd/yyyy)

<input type="checkbox"/> VEHICLE INFORMATION (Includes vehicle description and registration data) (complete SUBJECT INFORMATION above)		
VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE MAKE	VEHICLE YEAR

<input type="checkbox"/> POLICE CRASH REPORT	
IMPORTANT NOTE: The Department may only release a full crash report in accordance with VA Code § 46.2-380.	
Check one or more boxes to indicate your involvement in the crash:	
<input type="checkbox"/> I was a DRIVER.	<input type="checkbox"/> I was a PASSENGER.
<input type="checkbox"/> I legally REPRESENT a person injured or involved in the crash.	<input type="checkbox"/> I was injured in the crash or as a result thereof (ex: injured pedestrian).
<input type="checkbox"/> I am the parent or legal guardian of a <u>minor</u> injured or killed in the crash.	<input type="checkbox"/> I am the owner of a vehicle/property involved in the crash.
<input type="checkbox"/> I am the personal representative (guardian, executor, next of kin, etc.) of a person injured or killed in the crash.	
<input type="checkbox"/> I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the crash or to which a person has applied for issuance or renewal of a policy of automobile insurance.	

MUST FILL OUT THESE SECTIONS

INFORMATION REQUESTED (continued)

CRASH DATE (mm/dd/yyyy)	TIME OF CRASH	CRASH LOCATION (highway or street name)	
CITY/COUNTY/TOWN WHERE CRASH OCCURRED		DRIVER FULL NAME (last, first, mi, suffix)	DRIVER LICENSE NUMBER
1. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		2. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	
3. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	
<input type="checkbox"/> DECEDENT PHOTO REQUEST (requester <i>may</i> need to provide proof of death, i.e. copy of death certificate, executor papers, etc.)			
DECEDENT FULL NAME (last, first, mi, suffix)		DECEDENT DMV CUSTOMER NUMBER	
DECEDENT BIRTH DATE (mm/dd/yyyy)	Requester's relationship to decedent (check one):		<input type="checkbox"/> Executor <input type="checkbox"/> Administrator
<input type="checkbox"/> OTHER INFORMATION (Be specific)			

CERTIFICATION

I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose and that any personal information I receive will not be used for the predominant purpose of solicitation of prospective clients.

I agree that the information I obtain in response to my request is considered privileged and confidential. I agree that such information is subject to the restrictions upon use and dissemination imposed by (1) the Federal Drivers Privacy Protection Act (18 USC § 2721 et seq.), (2) the Government Data Collection and Dissemination Practices Act (Va. Code § 2.2-3800 et seq.), (3) the provisions of Va. Code §§ 46.2-208 through 210, 46.2.212, and 58.1-3, and (4) any successor rules, regulations, or guidelines adopted by DMV with regard to disclosure or dissemination of any information obtained from DMV records or files, and I agree to comply with such restrictions and understand that any violation may result in damages, civil penalties, criminal penalties or other relief permitted pursuant to Virginia law. If representing a government entity, I agree that the information obtained will not be used for civil immigration purposes or knowingly disseminated to any third party for any purpose related to civil immigration enforcement. Distribution of privileged information, as described at Va. Code § 46.2-208, to any third party is prohibited unless specifically identified and agreed to by DMV.

For volunteer organizations identified in Va. Code § 46.2-208(B), I also certify that the subject of the information being requested is a member of, applicant for membership in or applicant to be a volunteer with my organization.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury, and I understand that knowingly making a false statement or representation on this form is a criminal violation.

REQUESTER SIGNATURE <i>Sara L. Wilson</i>	DATE (mm/dd/yyyy)
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CUSTOMER RECORDS FEES

Driving Record	\$9.00	Supporting Documents (per page)	\$3.00
Vehicle Record	\$9.00	Motor Carrier Overweight Citation Record	\$8.00
Police Crash Report	\$8.00	Travel Emergency Photo Verification	\$9.00
Decedent Photo	\$9.00	Record Certification Fee (additional)	\$5.00
Driver/Vehicle Application	\$9.00		

PAYMENT METHODS

If you are mailing this request, DMV can only accept **check** or **money order** via mail.

<input type="checkbox"/> CHECK Made payable to DMV	ENTER CHECK AMOUNT	<input type="checkbox"/> MONEY ORDER Made payable to DMV	ENTER MONEY ORDER AMOUNT
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DMV CUSTOMER SERVICE CENTER USE ONLY

Proof of Requester's Identification		
<input type="checkbox"/> Valid Driver's License Number _____	<input type="checkbox"/> Other Photo Identification _____	
If referred to Headquarters to Fill Request, Complete: CSR Name _____ CSC Name (not CSC number) _____	Remarks/CSR Stamp	Fee Charged \$