

Driver's Record Background Check Information Form

With this form, submit a clear photo or a photocopy of front and back of your current driver's license.

Last Name	First Name	Middle Name
List any OTHER names you have used in the past (Example: maiden name, name from previous marriage, etc.)		
Date of Birth:		

Please list all driver's licenses held over the past 3 years.

State of Issuance	Type	License Number	Expiration Date

Social Security Number

We do not share your SSN with anyone: however, it is required to verify your identity for the driving background check:

SSN:	
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Address History:

Please list ALL of the addresses where you have lived during the last three (3) years:				
	Street Address	City	State	Zip Code
Current				
Previous				
Previous				

Signature

Date

For Office Use Only: DL Report Review

Reviewed by:	Approve/Deny	Date

To add your digital signature:

- Click on red arrow and a Digital ID box will appear
- Click Continue
- Click Sign and then Save your document