

Church DMV Check

Per insurance requirements, Holy Spirit Lutheran Church should only allow persons with "acceptable" DMV driving reports to drive for the church. Therefore, employees or volunteers listed as drivers are required to complete this form authorizing a DMV check. Please allow at least two weeks for the results.

Full Name: _____
(first) (middle) (last)

I hereby authorize for Holy Spirit Lutheran Church, to run a Department of Motor Vehicles check on my driving record. The record will be held confidentially by HSLC.

(your signature)

If you will be driving your own vehicle, please provide:

Automobile License No. _____ Make _____ Model _____ Year _____

Insurance Company _____ Policy No. _____

IMPORTANT NOTICE

Our Insurance company considers drivers as "unacceptable" if one or more of the following applies:

- Driving while intoxicated, impaired, or under the influence of drugs
- Criminal conviction (felony, negligent homicide, manslaughter, hit and run)
- Speeding in excess of 25 MPH over the speed limit
- 3 or more accidents and/or moving violations in the past 3 years
- 2 or more accidents and/or moving violations in the past 12 months
- Drivers of church owned vehicles who are either under 25 or over 65 years of age
- Drivers who are under age 21
- Do not have a valid driver's license

The church office will contact you if further information/clarification is needed.

For office use

Date DMV Request sent _____

DMV Response received _____



Driving Record Request

You may use this form to request **your driving record**. We will mail your record to you or to the individual or company you request below. Mail this request and **\$10 for each record** in a check or money order payable to the Department of Licensing to:

Driver Records
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

FOR VALIDATION ONLY

106-060-421-0005

Please allow two weeks for processing. If you have additional questions, contact Customer Service at (360) 902-3900.

Requestor name (<i>Last, First, Middle Initial</i>)		
Washington driver license number	Date of birth	(Area code) Daytime telephone number
Name of individual or company you want your drive record sent to		
Mailing address		
City	State	ZIP code
<p>Type(s) of record Insurance records will show violations, convictions, and accidents only. Other drive records will show all traffic related convictions, violations, collisions, suspensions, revocations, and disqualifications.</p> <p>We offer the following types of driving records. Check the box beside the type(s) you need.</p> <p><input type="checkbox"/> Noncommercial insurance record. Available for underwriting noncommercial motor vehicle policies.</p> <p><input type="checkbox"/> Commercial insurance record. Available to commercial employers' insurance companies for motor vehicle underwriting purposes only.</p> <p><input type="checkbox"/> Life insurance record. Available to the life insurance carrier providing coverage for underwriting purposes only. Contains all traffic related commercial and noncommercial convictions, violations, and collisions.</p> <p><input type="checkbox"/> Employment/Commercial record. Available to employers or prospective employers to determine employment eligibility for commercial vehicle operation. Commercial vehicle means any vehicle used primarily for the transportation of commodities, merchandise, produce, freight, animals or passengers for hire.</p> <p><input type="checkbox"/> Volunteer vanpool driver record. Available to transit authorities to determine insurance and risk management requirements necessary to drive a vanpool vehicle.</p> <p><input type="checkbox"/> Volunteer organization driver record. Available to volunteer organizations to determine whether the licensee should be permitted to operate a vehicle on public highways to transport individuals under age 18, over age 65, or who are physically or mentally disabled.</p> <p><input type="checkbox"/> School bus driver record. Available to school districts to determine employment eligibility for school bus operation. This request is to be billed and mailed to school district _____ School district authorization _____ Requestor code _____</p> <p><input type="checkbox"/> Complete record. Available to the individual named on the driving record, attorneys, law and justice agencies, and governmental agencies.</p> <p><i>I declare under penalty of perjury under the laws of the State of Washington that I am the individual named above.</i></p>		
Date and place	<p style="text-align: center;">X</p> Signature (Valid for four months)	