

Attachment #2

INFORMATION REQUEST

CRD-93 (09/01)



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

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	First	Middle	Organizational Affiliation (if any) Loudoun County Volunteer Rescue Squad
Street Address P.O. Box 1178			Telephone Number (703) 777-7185
City Leesburg	State VA	Zip Code 20177	Federal Tax ID or Social Security Number*
Use Agreement Number (if applicable) Not Applicable			Access Code (if applicable) Not Applicable
Reason for Request (Please be specific) To determine suitability/eligibility to operate Volunteer Rescue Squad emergency apparatus.			
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 Numb	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
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ACCIDENT REPORT

Driver's Name	Driver's License Number	Date of Accident
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OTHER INFORMATION (PLEASE BE SPECIFIC)

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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.