



Vehicle Insurance Verification Form/ MVR Request

Volunteer Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

DOB: _____ Driver's License Number: _____

Year/Make of Vehicle: _____

Insurance Company Name: _____

Policy Number: _____

Policy Expiration Date: _____

I certify that the above-described vehicle has a valid registration and is covered as indicated by the attached copy of a current proof of auto insurance card. **Liability coverage of \$100,000 - \$300,000 is required for all vehicles used for transportation purposes.**

I certify that I have a valid and unrestricted Driver's License as verified by the attached copy of my current Driver's License.

I, _____, attest that in the course of my volunteer work for Age Well Arrowhead, I will not drive a motor vehicle without insurance and a valid Driver's License. Should this situation change, I agree to provide verification of a valid Driver's License and auto insurance to Age Well Arrowhead as required by agency policy. **I understand my insurance company will be responsible for any liability or collision claims while I am providing transportation on a voluntary basis for Age Well Arrowhead.**

Volunteer Signature: _____ Date: _____

MVR Request

I hereby authorize you to release information to Age Well Arrowhead for purposes of verifying clear and unrestricted driving privileges and an acceptable driving record. You are released from all liability which may result from furnishing such information.

Volunteer Signature: _____ **Date:** _____

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The information requested below will be used for a "permissible purpose" (i.e. information for volunteer transportation or employment purposes) and will be used for no other purposes.;
3. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Signature of Requester _____ **Date:** _____

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| Attach copies of: Valid Driver's License Current proof of auto insurance indicating coverage as listed above |
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