



County Of Henrico Authorization To Request Division Of Motor Vehicles Driving Record Transcript

Date: _____

Employee's Name: _____

Driver's License Number: _____

Licensing State: _____

I am an employee of, or have applied to become an employee of Henrico County General Government, in a position which involves, or which would involve, the operation of a motor vehicle.

I authorize the Division of Motor Vehicles to furnish a copy of my driving record to Henrico County Human Resources Department in accordance with § 46.2-208 of the Code of Virginia.

Signature: _____

I certify that the above named individual is an employee, or has applied to become an employee, of this county in a position which involves the operation of a county owned motor vehicle.

**County Of Henrico, Virginia
Department of Human Resources
P.O. Box 90775
Henrico, VA 23273-0775**

Requestor's Signature: _____ Title: _____ Date: _____

This information is furnished in accordance with Virginia Division of Motor Vehicles Privacy Protection Act Rules and Regulations to be used for the sole purpose for which it was requested. Any other use or dissemination of the information shall be unlawful and constitute a misdemeanor.