

## DEPARTMENT OF MOTOR VEHICLE PERMISSION FORM

Community Care Car  
PO Box 204  
Woodland CA 95776

Policy # 202402534 Commercial Package

Please check the Department of Motor Vehicle report for the following individual and advise us if their driving record is acceptable or unacceptable to add the driver to our Commercial Auto policy.

**Drivers Name:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

I give my permission to Community Care Car to give my Name, Driver's License #, State of License, and Date of Birth to Wraith, Scarlett & Randolph Insurance Services for the purpose of obtaining my Department of Motor Vehicle report and to share the results of insurability with Community Care Car. I understand the information contained on the report may adversely affect my status of employment with Community Care Car.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Wraith, Scarlett & Randolph**

**Employer**

- Report Acceptable: \_\_\_\_\_

- Add as Driver: \_\_\_\_\_ Date to Add: \_\_\_\_\_

- Report Unacceptable: \_\_\_\_\_

- Do not add as Driver: \_\_\_\_\_