



DRIVING RECORD RELEASE

I, _____ give the Western Mass. Training Consortium the right to investigate my driving record. I hereby release from liability the Western Mass. Training Consortium and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

We are asking for information that will reflect what State you have been driving in for the past two years.

Current State that you are licensed in: _____

****IMPORTANT – ONLY If licensed in other than Massachusetts, we will need your Social Security Number to process: SS# ___ - ___ - _____**

License #: _____ Expiration Date: _____

Date of Birth: _____ Years of Driving Experience in this State _____

Signature of Applicant _____ Date _____

**** ATTACH A COPY OF YOUR DRIVER'S LICENSE ****

ONLY FILL OUT IF ABOVE INFORMATION WAS LESS THAN THREE YEARS

Prior State you were licensed in _____

License #: _____ Expiration Date: _____

Date of Birth: _____ Years of Driving Experience in this State: _____

Prior state you were licensed in _____

License #: _____ Expiration Date: _____

Date of Birth: _____ Years of Driving Experience in this State: _____

Signature of Applicant _____ Date _____