



CHAMPLAIN OIL COMPANY, INC.

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REQUEST FOR CHECK OF DRIVING RECORD

Requests for Motor Vehicle records must be submitted on this form. This form may be photocopied for your convenience. The form must be complete. Please print all forms, except signatures, which must be written.

ALL APPLICABLE SECTIONS OF THIS FORM MUST BE COMPLETED TO OBTAIN THE REQUESTED INFORMATION.

SIGNATURE REQUIRED				
Requesters Name:		Company		
Address:				
City:		State:		Zip:

I am requesting information concerning:

Name	Drivers License Number	Date of Birth
Address	Social Security Number	
City	State	Zip Code

AUTHORIZATION OF RELEASE OF INFORMATION	
▼I hereby, with my signature, authorize (print name of person or business you are authorizing):▼	
<input checked="" type="checkbox"/> To perform a <u>one-time</u> search of the Motor Vehicles files (pertaining to me) and my resulting reports.	
▼Signature of individual authorizing release:	▼Date authorization given: