

**AUTHORIZATION TO VERIFY DRIVER'S LICENSE**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **STATE** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**I hereby agree to have the above information submitted for verification by the licensing authority**

**Signature:** \_\_\_\_\_

Please type your First and Last Name

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above information provided.