



## MOTOR VEHICLE RECORD AUTHORIZATION FORM

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Please print) Last First MI

Drivers License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

How long have you lived in this state (referring to state referenced above): \_\_\_\_\_

In the last 10 years, what other states have you had a license in?

State	Drivers License #	Dates Valid
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize El Paso County (EPC) Government to perform a Motor Vehicle/Driving Record search to allow the inspection and reproduction of records pertaining to me by any duly authorized representative of El Paso County Employee Benefits & Medical Services (EBMS) Department.

\_\_\_\_\_ Other than MINOR traffic offenses, I have no driving offenses on record.

\_\_\_\_\_ Other than MINOR traffic offenses, I have the following traffic offenses on record:  
(List the offense and date for each offense)

\_\_\_\_\_  
\_\_\_\_\_

The EPC EBMS Department and the Department/Office in which you are assigned gives this authorization only in connection with its use. Photocopies and faxed copies are valid authorizations as well.

I understand all information collected and maintained by EPC may be subject to disclosure under the Colorado Open Records Act. EPC will maintain confidentiality of such information to the extent permissible under the Act.

I hereby certify that all statements are true. I agree and understand that my misstatements or omissions may lead to disqualification of county vehicle driving privileges. I have read and understand County Policy 7.10, Personnel Driving and Vehicle Usage as well.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Person Requesting MVR: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Department: \_\_\_\_\_ Contact #: \_\_\_\_\_