



DEPARTMENT OF ADMINISTRATIVE SERVICES

FLEET OPERATIONS

165 Capitol Avenue, Hartford, CT 06106-1658

On behalf of the Department of Administrative Services, I am requesting the Department of Motor Vehicles provide Fleet Operations with driving history for driver named below.

DAS/FLEET SIGNATURE:

TITLE:

Express Consent to Disclose Department of Motor Vehicle Record

I hereby authorize the Fleet Operations Director of the Connecticut Department of Administrative Services (DAS), or his designee, to obtain access to and review my driving history record that is in the files of the Department of Motor Vehicles for the limited purpose of evaluating my qualifications to operate a state-owned motor vehicle.

I understand this authorization will remain in effect until such time that I expressly revoke my consent in writing to the DAS Director of Fleet Operations.

PRINTED NAME:

DATE:

ADDRESS:

LICENSE NUMBER:

CT # _____

AGENCY:

SIGNATURE:

Check employee type:

SEASONAL CONTRACTUAL VOLUNTEER

DAS.CT.GOV

Affirmative Action/Equal Opportunity Employer