

Vail Baptist Church, Inc.  
DBA: Trinity Church  
P.O. Box 2676  
Edwards, CO 81632  
(970) 926-1759  
[trinity@trinityvail.com](mailto:trinity@trinityvail.com)

**Motor Vehicle Record Request Permission Form**

Driver's name (as shown on license): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**In the last three years:**

1. Have you been at fault for any accidents?  Yes  No
2. Have you had any moving traffic violations?  Yes  No
3. Have you had any insurance company cancel or refuse to provide you with auto insurance?  Yes  No
4. Have you had your drivers license revoked, suspended, or restricted?  Yes  No
5. Have you had any physical impairments other than corrective glasses?  Yes  No
6. Have you ever been charged with or convicted of "driving while intoxicated" or "driving under the influence"?  Yes  No

If any question(s) 1-6 have been answered with "yes", please provide full details below:

I, the undersigned, give authorization for Vail Baptist Church, Inc. DBA: Trinity Church to obtain a current copy of my Motor Vehicle Driving Record (MVR). I state that I currently hold a valid Motor Vehicle Driver's license as indicated above and all information is correct. The authorization is good until revoked by me in writing. This information will only be used to verify my Motor Vehicle Driving Record. In addition, I agree to follow all Fleet Vehicle Policies as set forth by Vail Baptist Church, Inc. dba Trinity Church.

Photocopy of License:

\_\_\_\_\_  
Signed (must be legible)

\_\_\_\_\_  
Date