



## Motor Vehicle Record Request Permission Form

I, the undersigned, give authorization for License Event Notification System (LENS), P. W. Wood and Son, Inc. or Intelli, on behalf of Cornell Cooperative Extension 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 below and all information is correct. This authorization is good until revoked by me in writing. This information will only be used to verify my Motor Vehicle Driving Record, establish my eligibility to use company vehicles and/or transport program participants, and to monitor my driving record for possible issues that would make me ineligible to continue to perform these functions.

In order to fulfill our organizational purpose to educate NYS residents, LENS data will be used for a public purpose to allow CCE to maintain Public Safety and protect NYS residents and others on the roadways. LENS will send notification about the following events when they post to a drivers' license record:

- accidents (reportable)
- convictions
- expirations
- HazMat (Hazardous Material) endorsement changes
- MedCert (Medical Certification) status changes
- Point and Insurance Reduction Program completions
- license status changes
- suspensions and revocations

\* PRINT OR TYPE ALL INFORMATION

**Check one:**

**Applicant (IF HIRED: Please inform The Wood Office)**

**Current Employee**

**Volunteer  I do not plan to drive as a Cornell Cooperative Extension volunteer.**

Name as it Appears on License: \_\_\_\_\_

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

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

State of License: \_\_\_\_\_

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

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

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

**FOR OFFICE USE ONLY**

**COOPERATIVE EXTENSION INFORMATION**

CCE Authorized Individual Name and Title \_\_\_\_\_

E-mail Address: \_\_\_\_\_

County Association: \_\_\_\_\_

CCE Authorized Individual Signature: \_\_\_\_\_

**DETERMINATION (PW WOOD):**

PW Wood Authorized Individual Name and Title: \_\_\_\_\_

Check One Box:

Applicant Qualified To Drive

Applicant Not Qualified To Drive

Applicant Qualified To Drive Only Under the Following Circumstances:

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

PW Wood Authorized Signature: \_\_\_\_\_