

STATE OF VERMONT AGENCY OF TRANSPORTATION DEPARTMENT OF MOTOR VEHICLES 120 State Street, Montpelier, VT 05603-0001

Request for National Driver Register File Check on Current or Prospective Employee

this day of 19 in the city/county of State of TYPE OF IDENTIFICATION: z Valid Photo Driver License z State-issued Photo ID zBirth Certificate z Valid Passport z Valid Military ID z Military Discharge Papers z Other (specify) Employee Verifying Applicant Identification (Print Name) Seal or Stamp State of DO NOT WRITE IN THIS SPACE - DEPT. USE ONLY!		Employer to Receive the	NDR Search Results:	z Driver Emp	loyer z Railroa	ad Company	
Mailing Address (Number and Street) City, State and Zip Code Type or Print Plainly (Avoid delays. Inquiries that cannot be read will not be processed.) Diver's Full Legal Name (First, Middle, and Last) Other Names Used (Maiden, Prior Name, Nickname, Professional Name, Other) Mailing Address (Number and Street with Apartment Number if any or Rural Route-Carrier and Box Number) (Optional) Area Code (Cyclounal)							
Type or Print Plainly (Avoid delays. Inquiries that cannot be read will not be processed.) Driver's Full Lagal Name (First, Middle, and Last) Other Numes Used (Maiden, Prior Name, Nickname, Professional Name, Other) Mailing Address (Number and Street with Apartment Number if any or Rural Route-Carrier and Box Number) Home Telephone Number (Optional) Area Code (Cay, State and Zip Code City, State and Zip Code Driver License Number and State Month, Day, and Year of Birth EMPLOYEE UNDERSTANDING: I understand that the National Driver Register (NDR) search will reside the report which will be sent only to the employer or regulatory agency listed above on this form. The report will indicate either (1) that the NDR does not contain a record matching my identification or (2) that the NDR has a probable identification (match) from one state (or more) which will be named on the report. A separate cheek of state files would be required (1) to verify the identification or (2) to which will be named on the report. A separate cheek of state files would be required (1) to verify the identification or (2) to which will be named on the report. As esparate cheek of state files would be required (1) to verify the identification in the driving record. It is the responsibility of the listed employer to obtain the state driver records and to determine or verify records which apply to me. Under the Privacy Act, I have the right to request record(s) pertaining to me from the NDR. I also understand that if convictions, suspension or revocations of mine are found which I have not shown on my applications or interviews. I might not be hired as a driver or could lose my job as a driver, and the State where I am licensed may also take action on my driver license including suspension, cancellation, or revocation. I hereby, with my signature, authorize a one-time file search of the NDR and any resulting reports to be sent to the employer or agency named on this form. Date Received Date Received Date Received Date Received Date D	To the specific attention of:						ephone Number
Type or Print Plainly (Avoid delays. Inquiries that cannot be read will not be processed.) Driver's Full Legal Name (First. Middle, and Last) Other Names Used (Maiden, Prior Name, Nickname, Professional Name, Other) Mailing Address (Number and Street with Apartment Number if any or Rural Route/Carrier and Box Number) Mailing Address (Number and Street with Apartment Number if any or Rural Route/Carrier and Box Number) City, State and Zip Code (Work Telephone Number (Optional) Area Code (Optional) Area	Mailing Address (Number an	d Street)				,	
Other Names Used (Maiden, Prior Name, Nickname, Professional Name, Other) Mailing Address (Number and Street with Apartment Number if any or Rural Route/Carrier and Box Number) Mailing Address (Number and Street with Apartment Number if any or Rural Route/Carrier and Box Number) City, State and Zip Code City, State and Zip Code Work Telephone Number (Optional) Area Code (Work Telephone Number (Optional) Area Code (Work Telephone Number (Optional) Area Code (Social Security Number (Optional) Area Code (Work Telephone Number (Optional) Area Code (Work Telephone Number (Optional) Area Code (Social Security Number (Optional) Area Code (Work Telephone Number (Optional) Area Code (Social Security Number (Optional) Area Code (Work Telephone Number (Optional) Area Code (Work Telephone Number (Optional) Area Code (Work Telephone Number (Optional) Area Code (Work Telephone Number (Optional) Area Code (Work Telephone Number (Optional) Area Code (Work Telephone Number (Optional) Area Code (Work Telephone Number (Optional) Area Code (Work Telephone Number (Optional) Area Code (Work Telephone Number (Optional) Area Code (Cotto of Eyes Height (Work Telephone Number (Optional) Area Code (Cotto of Eyes Height (Work Telephone Number (Optional) Area Code (Cotto	City, State and Zip Code						
Other Names Used (Maiden, Prior Name, Nickname, Professional Name, Other) Mailing Address (Number and Street with Apartment Number if any or Rural Route/Carrier and Box Number) City, State and Zip Code Work Telephone Number (Optional) Area Code (K. T) (Coptional) Area Code (Coptiona		Type or Print Plainly	(Avoid delays. Inquirie	s that cannot be	read will not be	processed.)	
Mailing Address (Number and Street with Apartment Number if any or Rural Route/Carrier and Box Number) City, State and Zip Code Cool of Eyes Month, Day, and Year of Birth Month, Day, and Year of Birth EMPLOYEE UNDERSTANDING: I understand that the National Driver Register (NDR) search will result in a printed report which will be sent only to the employer or regulatory agency listed above on this form. The report will indicate either (1) that the NDR does not contain a record matching my identification or (2) that the NDR has a probable identification (match) from one state (or more) which will be named on the report. A separate check of state files would be required (1) to verify the identification or (2) to obtain the driving record. It is the responsibility of the listed employer to obtain the state driver records and to determine or verify records which apply to me. Under the Privacy Act, I have the right to request record(s) pertaining to me from the NDR. I also understand that if convictions, suspension or revocations of mine are found which I have not shown on my applications or interviews. I night not hered as a driver or could lose my job as a driver, and the State where I am licensed may also take action on my driver license including suspension, cancellation, or revocation. I hereby, with my signature, authorize a one-time file search of the NDR and any resulting reports to be sent to the employer or agency named on this form. Driver's Signature (Please read information on back before signing.) Date NOTARIZATION Official Use Only State of TYPE OF IDENTIFICATION: z Valid Photo Driver License z State-issued Photo ID State of TYPE OF IDENTIFICATION: z Valid Photo Driver License z State-issued Photo ID State of TYPE OF IDENTIFICATION: z Valid Photo Driver License z State-issued Photo ID State of TYPE OF IDENTIFICATION: z Valid Photo	Driver's Full Legal Name (Fi	rst, Middle, and Last)					
City, State and Zip Code Color of Eyes Height Weight EMPLOYEE UNDERSTANDING: I understand that the National Driver Register (NDR) search will result in a printed report which will be sent only to the employer or regulatory agency listed above on this form. The report will indicate either (1) that the NDR does not contain a record matching my identification or (2) that the NDR has a probable identification (match) from ow which will be named on the report. A separate check of state files would be required (1) to verify the identification or (2) to obtain the driving record. It is the responsibility of the listed employer to obtain the state driver records and to determine or verify records which apply to me. Under the Privacy Act, I have the right to request record(s) pertaining to me from the NDR. I also understand that if convictions, suspension or revocations of mine are found which I have not shown on my applications or interviews, I might not be hired as a driver or could lose my job as a driver, and the State where I am licensed may also take action on my driver license including sension, cancellation, or revocation. I hereby, with my signature (Please read information on back before signing.) Date Official Use Only City Code Toda C	Other Names Used (Maiden,	Prior Name, Nickname, Profe	ssional Name, Other)				
Optional Area Code C Driver License Number and State Social Security Number Social S	Mailing Address (Number an	er and Box Number)		(Optional)			
Month, Day, and Year of Birth Sex						(Optional) Area Code ()	
EMPLOYEE UNDERSTANDING: I understand that the National Driver Register (NDR) search will result in a printed report which will be sent only to the employer or regulatory agency listed above on this form. The report will indicate either (1) that the NDR does not contain a record matching my identification or (2) that the NDR has a probable identification (match) from one state (or more) which will be named on the report. A separate check of state files would be required (1) to verify the identification or (2) to obtain the driving record. It is the responsibility of the listed employer to obtain the state driver records and to determine or verify records which apply to me. Under the Privacy Act, I have the right to request record(s) pertaining to me from the NDR. I also understand that if convictions, suspension or revocations of mine are found which I have not shown on my applications or interviews, I might not be hired as a driver or could lose my job as a driver, and the State where I am licensed may also take action on my driver license including suspension, cancellation, or revocation. I hereby, with my signature, authorize a one-time file search of the NDR and any resulting reports to be sent to the employer or agency named on this form. Driver's Signature (Please read information on back before signing.) Date Official Use Only Required only if the NDR File Check is not made in person by the current or prospective operator. Sworm to and ascribed before me horizon of this day of thi	Driver License Number and S	State				Social Security	Number
sent only to the employer or regulatory agency listed above on this form. The report will indicate either (1) that the NDR does not contain a record matching my identification or (2) that the NDR has a probable identification (match) from one state (or more) which will be named on the report. A separate check of state files would be required (1) to verify the identification or (2) to obtain the driving record. It is the responsibility of the listed employer to obtain the state driver records and to determine or verify records which apply to me. Under the Privacy Act, I have the right to request record(s) pertaining to me from the NDR. I also understand that if convictions, suspension or revocations of mine are found which I have not shown on my applications or interviews, I might not be hired as a driver or could lose my job as a driver, and the State where I am licensed may also take action on my driver license including suspension, cancellation, or revocation. I hereby, with my signature, authorize a one-time file search of the NDR and any resulting reports to be sent to the employer or agency named on this form. Driver's Signature (Please read information on back before signing.) Date Official Use Only Required only if the NDR File Check is not made in person by the current or prospective operator. Sworn to and ascribed before me Notary Public Seal or Stamp Type Of IDENTIFICATION: 2 Valid Photo Driver License z State-issued Photo ID Bith Certificate z Valid Passport z Valid Military ID z Military Discharge Papers 2 Other (specify) Employee Verifying Applicant Identification (Print Name) Signature	Month, Day, and Year of Bir	th	Se	×x	Color of Eyes	Height	Weight
Official Use Only Required only if the NDR File Check is not made in person by the current or prospective operator. Date Received Date Sent Internal Control Sworn to and ascribed before me this day of 19 in the city/county of TYPE OF IDENTIFICATION: z Valid Photo Driver License z State-issued Photo ID zBirth Certificate z Valid Passport z Valid Military ID z Military Discharge Papers z Other (specify) Employee Verifying Applicant Identification (Print Name) Signature NOTARIZATION Required only if the NDR File Check is not made in person by the current or prospective operator. Sworn to and ascribed before me this day of Notary Public Seal or Stamp NOTARIZATION Source To Notary Public Seal or Stamp NOTARIZATION DO NOT WRITE IN THIS SPACE - DEPT. USE ONLY!	the report. A separate of responsibility of the list Privacy Act, I have the revocations of mine are as a driver, and the Stathereby, with my signatuon this form.	check of state files would ted employer to obtain the right to request record(s found which I have not the where I am licensed mander, authorize a one-time	d be required (1) to verif- ne state driver records an) pertaining to me from to shown on my application hay also take action on me e file search of the NDR	y the identificated to determine of the NDR. I also ns or interviews y driver license	ion or (2) to obta or verify records o understand that s, I might not be including suspen	in the driving which apply to if convictions, hired as a drivension, cancella ent to the emple.	record. It is the o me. Under the suspension or er or could lose my job tion, or revocation. I
Date Received Date Sent Internal Control Sworn to and ascribed before me this day of in the city/county of State of TYPE OF IDENTIFICATION: z Valid Photo Driver License z State-issued Photo ID zBirth Certificate z Valid Passport z Valid Military ID z Military Discharge Papers z Other (specify) Employee Verifying Applicant Identification (Print Name) Signature Required only if the NDR File Check is not made in person by the current or prospective operator. Required only if the NDR File Check is not made in person by the current or prospective operator. Sworn to and ascribed before me	Driver's Signature (Please rea	Date					
TYPE OF IDENTIFICATION: z Valid Photo Driver License z State-issued Photo ID zBirth Certificate z Valid Passport z Valid Military ID z Military Discharge Papers z Other (specify)	Official Use Only			Required only if the NDR File Check is not made in person by the			
TYPE OF IDENTIFICATION: z Valid Photo Driver License z State-issued Photo ID zBirth Certificate z Valid Passport z Valid Military ID z Military Discharge Papers z Other (specify)	Date Received	Date Sent	Internal Control	this in	day of		Notary Public
	zBirth Certificate z Valid Pa z Other (specify)		THIS SPACE - DEPT. USE	ONLY!			
TA-VN-191 .5M 11/95 JTB Comment = "PDPS INQUIRY SENT" (MM/DD/YY)	Employee Verifying Applica	nt Identification (Print Name)	Signature				
	TA-VN-191 .5M 11/95 JTE	Comment = "PDPS INQUIRY SENT" (MM/DD/YY)					

Requests for National Driver Register (NDR) Record Checks

Who May Obtain an NDR Record Check

Any person may ask to know whether there is an NDR record on him or her and may obtain a copy of the record if one exists. Requests from individuals require Form NDR-PRV. (Vermont form TA-VN-192)

Employers of drivers and locomotive engineers may also obtain NDR record checks. *Every driver or operator on whom an NDR file check is requested is entitled to review the NDR report(s) provided to the employer*. The results of the NDR check will be mailed only to the current or prospective employer. If no employer is named on the form or it is changed, the request will not be processed.

The following authorization applies to Railroad Company Requests

NDR CHECK AUTHORIZATION: The U.S. Department of Transportation, Federal Railroad Administration, in accordance with 49 CFR, Part 240.111, required that I hereby request and authorize the National Highway Traffic Safety Administration (NHTSA) to perform an NDR check of my driving record for 36-month period prior to the date of this request including license withdrawal actions effective during that period. I hereby authorize the NDR to furnish a copy of the results of this NDR check directly to the railroad company identified on this inquiry form.

What NDR Records Contain

NDR results for employers will contain only the identification of the state(s) which have reported information on the driver to the NDR and only information reported within the past 3 years from the date of the inquiry. Driver control actions initiated prior to that time, even if still in effect, will not be included.

Detailed information to confirm identity or to describe the contents of the driver record can be obtained only from the State(s) listed when probable matches are reported. The name and address of the driver licensing official will be provided for each state listed.

How to Request an NDR Record Check

Using this form, which may be completed by either the current or prospective employer or the current or prospective employee, (1) the driver must authorize the request by his or her signature or make as witnessed and (2) the driver must certify his or her identity.

Any mailed NDR record check request <u>must be notarized</u> to certify identity. Requests made <u>in person</u> require certification of identity acceptable to the state through one or more documents issued by a recognized organization (e.g., a driver's license or a credit card) which contains a means of verification such as a photograph or a signature.

Location of NDR Records

Records on individuals can be made available to those individuals, within a reasonable time after request, for personal inspection and copying during regular working hours at 7:45 a.m. to 4:15 p.m., each day except Saturdays, Sundays and Federal legal holidays. The address for requesting record information in writing directly from the NDR or for making requests in person is ---

National Driver Register Nassif Building 400 7th Street, S.W. Washington, DC 20590