

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation120 State Street
Montpelier, Vermont 05603-0001
802.828.2038
dmv.vermont.gov**FULL NAME:** _____
Last First Middle**SSN #:** _____ **DATE OF BIRTH:** _____**PLACE OF BIRTH:** _____ **SEX:** Male Female**MAILING ADDRESS:** __________
City State Zip**LEGAL ADDRESS:** __________
City State Zip**TELEPHONE:** _____
Home Office Cell**LIST ANY ALIASES BELOW: (include nick names, maiden names, etc.)**

1. Have you ever been convicted of Extortion, Forgery, Fraud Related Crimes, Larceny or Embezzlement in this or any other jurisdiction? YES NO

If you answered yes to the above question, please give date, place, court, nature of charges and final disposition below:

_____2. Have you ever been convicted of any willful violation of dealer laws or regulations in this or any other jurisdiction? YES NO

If you answered yes to the above question, please give date, place, court, nature of charges and final disposition below:

3. Have you ever had a civil judgment brought against you as the result of willful intent to commit fraud or misrepresentation? YES NO

If you answered yes to the above question, please give date, place, court, nature of charges and final disposition below:

4. Do you have a history of violations relating to the issuing of nonnegotiable, insufficient funds, account closed, or counterfeit checks within the past five (5) years? YES NO

If you answered yes to the above question, please give date, place, court, nature of charges and final disposition below:

I authorize the Commissioner of Motor Vehicles to review my current checking account(s) for a history of insufficient funds checks. YES NO

Bank: _____	Account No.: _____
Bank: _____	Account No.: _____
Bank: _____	Account No.: _____

I hereby state that all information supplied is accurate to the best of my knowledge and authorize any Motor Vehicle Inspector or other authorized representative of the Vermont Department of Motor Vehicles bearing this release, or copy thereof, within three months of its date, to obtain any information in your files pertaining to my credit reports, corporation name, ID number, Tax Department information, and law enforcement records (including, but not limited to, any record of charge, prosecution or conviction for criminal or civil offenses). I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Vermont Department of Motor Vehicles. Consent is granted for the Vermont Department of Motor Vehicles to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release to you, as the custodian of such records and any credit bureau, lending institution, consumer reporting agency, law enforcement agency, or criminal justice agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and requests to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number in conformity with 42 U.S.C. Section 666(a). I have been advised the Vermont Department of Motor Vehicles will utilize this number only to facilitate the location of credit, records and criminal record checks concerning me in connection with an application to become a licensed motor vehicle, snowmobile, all terrain vehicle or motorboat dealer in Vermont. Should there be any question as to the validity of this release, you may contact.

Signature Date