



DEPARTMENT OF ADMINISTRATIVE SERVICES

FLEET OPERATIONS

155 Morgan Street
Hartford, CT 06103-1309

Express Consent to Disclose Department of Motor Vehicle Record

I hereby authorize the Director of State Fleet Operations for the 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 and suitability to operate a state-owned motor vehicle as per the policies set forth in General Letter 115.

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.

APPLICANT NAME:

DATE:

APPLICANT ADDRESS:

LICENSE NUMBER:

CT # _____

AGENCY:

SIGNATURE:

Check employee type:

PERMANENT

TEMPORARY

SEASONAL

VOLUNTEER

APPROVED / DENIED

COMMENTS: _____

DAS/SAFETY COORDINATOR:

DATE:

DAS/FLEET DIRECTOR:

DATE:

MAIN: 860-713-5160

FAX: 959-200-4866

EMAIL: DAS.Fleet@ct.gov

PORTAL.CT.GOV/DAS

Affirmative Action/Equal Opportunity Employer