

Drive-To-Work			
Application for Services			
Personal Identification			
Full Name	Telephone		
Previous Names (If any):	Cell:		
Date of Birth	Contact No.		
US Citizen	Yes	No	
Social Security Number			
Legal Residence			
Street	Apt No.		
City/County	State and Zip		
Telephone			
Own _____	Rent _____	Family _____	(check one)
If Rent, Contact Name			Phone
How long at this address			mo/yr
e-mail address			
Personal Identity Documents			
Do You Have? (Check all that apply)			
Birth Certificate	Yes	No	
Virginia Drivers License	Yes	No	No.: _____
Virginia Personal Identification Card	Yes	No	No.: _____
Criminal Justice Agency Offender Information Form	Yes	No	
US Passport	Yes	No	
Other Passport	Yes	No	
Social Security Card	Yes	No	
Employer Check Stubs (two most recent)			
Family Information			
Married? Yes No	Name	Living Together Yes No	Name
Number of Dependents			
Child Support Orders (fill out completely)			
Name	\$	mo	
Name	\$	mo	
Name	\$	mo	
Household Income (take home pay of all residents)		\$	mo
Employment			
Monthly Income			
Employed Yes No	How long?		
Self Employed Yes No	How long?		
Social Security Disability Yes No			
Other Income Source: _____			
Employer/Name of Business		Address	
Supervisor		Phone	
Your Position	Salary \$	mo	Hourly \$ hr
Work Hours	Hours per week		
How Do You Get There?	Time Traveling (per day)		
Outstanding Garnishments (list separately)			

Virginia Driving Record			
Past Virginia Driver's License	Yes	License No	
Present License	Yes	No	
<i>Restrictions/Offenses</i>		Check all that apply	
Driving Under Influence (DUI)	_____		
Suspend - Not Paying Child Support	_____		
Suspend - Not Paying Fines and Costs	_____		
Habitual Offender	_____		
Driving on Suspended	_____		
Do you have your DMV Driver History Transcript?	Yes	No	
Do you have your DMV Compliance Summary?	Yes	No	
Driving Record: Other States			
Have you been in other states?	Yes	No	List State(s):
Was your License suspended in any other state?			Yes No
List State(s) where suspended:			
Pending Traffic Case(s)			
Date	Charge	Court	
Description of Facts:			
Criminal Offender Record (if applicable)			
Convictions (make separate list - offense & sentence)			
Time Served (years)		Place of Incarceration	
Release Date			
Parole/Probation Officer		Court	
Telephone			
Do you have CCRE Report from State Police		Yes	No
Certification			
I certify that all the information in this Application is true and correct.			
No services are promised or will be rendered until this Application is accepted.			
For services to be provided, a retainer agreement must be signed and			
Any required fees must be paid			
Signature		Date	
DID YOU SEND:			
<input type="checkbox"/> DMV Request Form			
<input type="checkbox"/> \$20.00 Check or Money Order			
Mail to:		Office Location:	
DRIVE-TO-WORK		DRIVE-TO-WORK	
P.O. Box 14526		1735 Summit Avenue	
Richmond, VA 23221		Richmond, VA 23230	

	804-358-6727	
rev08/04/09;10/07/09;09/24/10	1-877-358-6727	
	www.drivetowork.org	