

<b>Drive-To-Work</b>	
<b>Application for Services</b>	
<b>Personal Identification</b>	
Full Name	Telephone
Previous Names (If any):	Cell:
Date of Birth	Contact No.
US Citizen                      Yes              No	
Social Security Number	
<b>Legal Residence</b>	
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	
<b>Personal Identity Documents</b>	
	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)	
<b>Family Information</b>	
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
<b>Employment</b>	
	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)
<b>Outstanding Garnishments (list separately)</b>	
<b>Virginia Driving Record</b>	
Past Virginia Driver's License                      Yes      No	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
<b>Driving Record: Other States</b>		
Have you been licensed in other states?	Yes	No
	List State(s):	
Was your License suspended in any other state?		
	Yes	No
List State(s) where suspended:		
<b>Pending Traffic Case(s)</b>		
Date	Charge	Court
Description of Facts:		
<b>Criminal Offender Record (if applicable)</b>		
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
<b>Certification</b>		
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		
<b>Signature</b>		<b>Date</b>
<b>DID YOU SEND:</b>		
<input type="checkbox"/> DMV Request Form		
<input type="checkbox"/> \$15.00 Check or Money Order		
<b>Mail to:</b>		<b>Office Location:</b>
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;11/24/09		1-877-358-6727
		<a href="http://www.drivetowork.org">www.drivetowork.org</a>