



VAN:

**Piedmont Authority for Regional Transportation (PART)
Initial & Annual Motor Vehicle Report Review Authorization
And Vanpool Application**

By your signature below, you hereby authorize PART to obtain a Motor Vehicle Report to consider you to drive PART vehicles.

Have you ever been convicted for Driving While Impaired (DUI)_____

Applicant's Name: _____ Male: ____ Female: ____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

Telephone, Home: _____ Cell: _____ Work: _____

Date of Birth: _____

Driver's License Number: _____ State Issued: _____

Employer's Name: _____

Employer's Address / Location: _____

Applicant's Signature: _____

Office Use Only Below:

Motor Vehicle Report - States to be checked: _____

Date Requested: _____

Fax Completed Form To: PART Ridesharing Office- (336) 235-6659



Organization

PART
7800 Airport Center Dr
Ste. 103
Greensboro, NC 27409

Phone: 336-235-6658

Fax: 336-235-6659