



PIEDMONT AUTHORITY FOR REGIONAL TRANSPORTATION (PART)  
MOTOR VEHICLE REPORT REVIEW AUTHORIZATION

VAN #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Have you ever been convicted for Driving While Impaired (DUI)?  No  Yes, Date: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**By your signature below, you hereby authorize PART to obtain an initial and annual Motor Vehicle Report to consider you as an authorized driver of PART Vehicles.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR PART OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_ DATE SUBMITTED FOR MVR: \_\_\_\_\_

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Please return completed form and a copy of your NC Driver's License to:  
107 Arrow Rd Greensboro, NC 27409 • [vanpool@partnc.org](mailto:vanpool@partnc.org) • Fax 336-664-6552