



**THE SALVATION ARMY – CENTRAL TERRITORY
MOTOR VEHICLE REPORT REQUEST FORM**

10 West Algonquin Rd Des Plaines IL, 60016 Fax 847-294-2297

Note: To be completed for all drivers of The Salvation Army vehicles or anyone that drives a personal vehicle for Salvation Army business.

Please complete the data below:

Must be legible – please type or print neatly

COMMAND UNIT: Emergency Disaster Services LOCATION CODE#: 200-800

Officer Cadet Employee Child of Officer Volunteer

DRIVER'S NAME:

Last First Middle Initial

SS #: _____ Date of Birth: _____ Sex: _____

Driver's License #: _____

State of Issue: _____

If recently moved, driver's license number from previous state of residence:

Driver's License #: _____

State of Issue: _____

I, the undersigned, hereby authorize Chesterfield Services, Inc. to release to The Salvation Army any and all information contained in a Motor Vehicle Report, on file under the above name and driver's license number(s). I, the undersigned, further agree to notify The Salvation Army immediately if my driver's license is revoked or suspended at anytime during my employment/internship/placement with The Salvation Army.

Driver's Signature Date

For THQ office only			
Approved: Yes	No	Name _____	Date _____