

INSURANCE VERIFICATION FORM

(To be completed by field office staff)

Name: _____

Position: _____ **SSN#:** _____

Address: _____

Driver's License Information:

Driver's License #: _____

Issued State: _____

Restrictions (If any) _____

Expiration Date: _____

Automobile Information:

Plate Number: _____ VIN #: _____

Vehicle Make: _____ Model: _____

Automobile Insurance Information:

Insured By: _____ Policy #: _____

Expiration Date: _____

Note: Please attach copies of Insurance, Driver's License and DMV print out of your driving record.