



New Castle County Verification Of Driver's License Form

Name:	
Position Applied/ Hired For:	
Date of Birth:	
License Number:	
State Issued:	
Expiration Date:	
Please check one:	Applicant <input type="checkbox"/> New Hire <input type="checkbox"/>

If applicable, list any endorsements which you have relating to your Commercial Driver's License (CDL):

Check here if you do not have a driver's license at this time.

Signature: _____ Date: _____

For Office Use Only:

Please indicate the class of this applicant's driver's license:

Class Type:	
Please check one:	Valid Invalid:
Reason if Invalid:	

Initials