

## KENTUCKY TRANSPORTATION CABINET

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## **DIVISION OF DRIVER LICENSING**

<b>REQUEST FOR DRIV</b>	ER LICENSING RECORD	D THAT INCLUDES P	ERSONAL INFORMATION
Inequeur i un binit			

Pursuant to 18 U.S.C. Section 2722, the to obtain or disclose personal information title". I certify that this release of inform undersigned takes full responsibility for	on from a motor vehic nation is permissible fo	le record for any u or the reason chec	use not permitted under s	section 2721(b) of this		
Initial beside each checked box. INFORMATION BEING REQUESTED F	FOR THE FOLLOWIN	G INDIVIDUAL				
FIRST NAME	LAST NAME		DRIVER LICENSE #	SSN		
PROVIDE DETAILED EXPLANATION A program that any employee who driv						
For use by any government age private person or entity acting o						
For use in connection with mat	•					
<ul> <li>For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only:</li> <li>(a) To verify the accuracy of personal information submitted by the individual to the business or its agents,</li> </ul>						
(a) To verify the accuracy employees, or contrac	-	on submitted by tr	10 Individual to the busing	ess or its agents,		
(b) If such information as only for the purpose o interest against the ind For use in connection with any agency or before any self-regul the execution or enforcement of	of preventing fraud by dividual. civil, criminal, adminis latory body, including	pursuing legal rem strative, or arbitral the service of proc	nedies against or recoveri I proceeding in a federal, cess; the investigation in a	ing on a debt or security state, or local court or anticipation of litigation; or		
For use in research activities an redisclosed, or used to contact		statistical reports	;, if the personal informat	ion is not published,		
For use by any insurer or insura in connection with claims inves		-		, employees, or contractors		
For use by any licensed investig	gative agency or licens	ed security service	e for any purpose permitt	ed under 18 U.S.C. 2721(b).		
For use by any employer or its a license that is required under the second seco	-	-	_			
For use by any requestor, if the whom the information pertains		ites he or she has o	obtained the written cons	sent of the individual to		
NAME (person making request)		NOTARY				
SIGNATURE (person making request,	)	County of	Signed and sw	vorn before me (date)		
DATE		NOTARY PUBLIC				
AGENCY/COMPANY (if applicable)		MY COMMISSION EXPIRES (date)				