THE SALVATION ARMY-SOUTHERN TERRITORY
MOTOR VEHICLE REPORT REQUEST FORM

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

Please complete the data below and send to your command.

For the Location Code please use your three-digit location code following the 387.

MUST BE LEGIBLE- please type or print

Division: North and South Carolina

Unit: _____ Location Code # 387 _____

☐Officer ☐Cadet ☐Employee ☐Child of Officer ☐Volunteer

Type of vehicle to be driven:

☐Truck ☐12 or 15 passenger Van ☐Car/Minivan

Driver's Name:

_____

(Last) (First) (Middle)

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

Driver's License #: _____ Date of Issue: __ __ \ __ __ \ __ __

State of Issue: _____

If recently issued or moved, driver's license # from previous state of residence:

Driver's License #: _____ State of Issue: _____

I understand that the privilege to drive on behalf of The Salvation Army is dependent on my ability to qualify and remain a qualified driver according to Salvation Army standards outlined in the "DRIVER QUALIFICATION MANUAL" and that if driving is a requirement of my employment (if an employee), should I become disqualified, I might be terminated as an employee. I, the undersigned, hereby authorize Chesterfield Services, Inc. to release to The Salvation Army any an all information contained in a Motor Vehicle Report, on file under the above name and drive'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: _____

Unit Head Signature: _____ Date: _____