



Child Placing Agency

MOTOR VEHICLE REPORT (MVR)

Foster/Adoptive Parent

Please Print Clearly

NAME: _____

DRIVER'S LICENSE: _____

LICENSE ISSUED BY: _____
(STATE)

DATE OF BIRTH: _____

I authorize DCCCA to obtain information regarding my driver's license and driving record.

SIGNATURE

DATE

Attach a copy of driver's license.

Date: _____
Specialist Name: _____
Staff Completing MVR: _____
Result: _____