



PIEDMONT AUTHORITY FOR REGIONAL TRANSPORTATION (PART)
MOTOR VEHICLE REPORT REVIEW AUTHORIZATION

Van #: _____

Applicant's Name: _____

Applicant's Address: _____

City: _____ St: _____ Zip Code: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

DOB: _____ Driver's License No.: _____

Have you ever been convicted for Driving While Impaired (DUI)? No Yes, Date: _____

Employer's Name: _____

Employer's Address: _____

City: _____ St: _____ Zip Code: _____

By your signature below, you hereby authorize PART to obtain an initial and annual Motor Vehicle Report to consider you as an authorized driver of PART vehicles.

Signature: _____ Date: _____

FOR PART OFFICE USE ONLY

DATE RECEIVED: _____ DATE SUBMITTED FOR MVR: _____

APPROVED: No Yes, Date: _____

Please return completed form and a copy of your NC Driver's License using the information below:
Part 107 Arrow Rd Greensboro, NC 27409 • [rubyb@partnc.org](mailto:rubbyb@partnc.org) • Fax 336-664-6552