

WILDER RURAL FIRE PROTECTION DISTRICT
DRIVING RECORD RELEASE
FORM

I hereby authorize the Wilder Rural Fire Protection District to review my driving record, and I authorize the Idaho State Department of Motor Vehicles and any other agency with driving information to release their records to the Wilder Rural Fire Protection District.

I understand this is a job-related requirement, as I may be operating District vehicles if employed. I also understand, if employed, periodic checks may be made on my driving record.

NAME: _____

CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

Signature

Date