

**TRANSIT DRIVER NOTIFICATION SYSTEM
DRIVER'S DISCLOSURE FORM**

This form is to be used and kept by your agency in compliance with the Federal Driver's Privacy Protection Act and NC General Statute 20-43.1. A copy for each driver must be kept on file for five years.

Effective September 13, 1997, all motor vehicle records are subject to the Federal Driver's Privacy Act (FDPPA) and General Statute 20-43.1. The FDPPA and the GS 20-43.1 require that personal information in the Division of Motor Vehicles records be closed to the public. Personal Information from these records may be released to individuals or organizations that qualify under one of the fourteen (14) exceptions listed on the back of this form. These exceptions are summarized statements of permissible uses.

Name of Driver: _____

DL#: _____ State of DL: _____ DL Class: _____

DL Expire Date: _____ CDL: Yes No

Date of Birth _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Hire Date: _____

By signing this form, you are granting the company access to your personal information under exception number 13 of the FDPPA and GS 20-43.1.

NAME OF COMPANY/AGENCY: COUNTY OF BLADEN

SIGNATURE OF DRIVER: _____ DATE: _____

My signature on this document acknowledges that I understand that improper release of Information and/or false representation to gain Information from the DMV's record is prohibited and is subject to civil action.

COMPANY/AGENCY: COUNTY OF BLADEN

NAME OF REQUESTER/CONTRACT: _____

REQUESTER'S SIGNATURE: _____ DATE: _____

My signature on this document acknowledges that I understand that improper release of information and/or false representation to gain information from the DMV's records is prohibited and is subject to civil action.

COMPANY/AGENCY: _____

COMPANY/AGENCY APPROVAL AUTHORITY: _____

TITLE: _____

SIGNATURE: _____ DATE: _____