



Archdiocese of Miami
 Pastoral Center
 9401 Biscayne Boulevard
 Miami Shores, FL 33138

Driver's License MVR Request Approval Form

Location Name: _____
 Address: _____

Contact Name: _____
 Phone No.: _____
 Email: _____

Date of Request: _____
 Department/Field Trip: _____

Additional Contact *(to be CC'd with request results)*

Contact Name: _____ Email: _____

*Pastoral Center
Use Only*

Drivers' Name	Classification	State	License No.	Date of Birth	Yes	No
	Drop Down				<input type="checkbox"/>	<input type="checkbox"/>
	Drop Down				<input type="checkbox"/>	<input type="checkbox"/>
	Drop Down				<input type="checkbox"/>	<input type="checkbox"/>
	Drop Down				<input type="checkbox"/>	<input type="checkbox"/>
	Drop Down				<input type="checkbox"/>	<input type="checkbox"/>
	Drop Down				<input type="checkbox"/>	<input type="checkbox"/>
	Drop Down				<input type="checkbox"/>	<input type="checkbox"/>
	Drop Down				<input type="checkbox"/>	<input type="checkbox"/>
	Drop Down				<input type="checkbox"/>	<input type="checkbox"/>
	Drop Down				<input type="checkbox"/>	<input type="checkbox"/>

Once this form has been completed, please fax it, along with a **COPY OF DRIVER'S LICENSE** to the attention of Yanel Koenitzer at The Archdiocese of Miami Pastoral Center., Finance Department, fax number 305-762-1026 or email at ykoenitzer@theadom.org.

NOTE: MVR Results will be processed within 48 hours of receipt.