**Driver’s License MVR Request Approval Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location Name:** |  |  | **Contact Name:** |  |
| **Address:** |  |  | **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 | Choose an Item | State | License No. | Date of Birth | Yes | No |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |

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](mailto:ykoenitzer@theadom.org).

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