



California Vanpool Authority
1340 North Drive
Hanford, Ca 93230
Toll Free: **866-655-5444**
Fax: 559-587-0714

**AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION TO
EMPLOYER**

I, _____ (print Name)

Driver License Number, _____, hereby authorizes the California
Vanpool Authority (CalVans) to disclose or otherwise make available, my driving record, to my
employer:

Name of Employer _____

DBA _____

Address _____

Contact Individual _____

Phone Number _____

This information will be submitted to the State Labor Commissioner to secure a Farm Labor
contractor license for registration as a Farm Labor contractor and FLC under the California
Labor Code, Division 2. Employment Regulations and Supervision.

Executed at:

City _____

County _____

State _____

Date _____ Signature of Volunteer driver _____
