

California Vanpool Authority

11050 13th Avenue, Hanford, Ca 93230

Toll Free: 866-655-5444

General email: calvans@co.kings.ca.us



AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION TO EMPLOYER

I, _____ (print Name)

Driver License Number, _____, do 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 under the California Labor Code, Division 2. Employment Regulations and Supervision.

Executed at:

City _____

County _____

State _____

Date _____ Signature of CalVans Volunteer driver _____
