



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION
75-20 ASTORIA BLVD
EAST ELMHURST, NY 11370

L.E.N.S.
LICENSE EVENT NOTIFICATION SERVICE

AUTHORIZED DRIVER VERIFICATION FORM

COMMAND / UNIT:

ALL FIELDS ON THIS FORM MUST BE FILLED OUT LEGIBLY AND EXACTLY AS THEY APPEAR ON THE EMPLOYEE'S DRIVER LICENSE. **ATTACH A COPY OF A VALID DRIVER'S**

LICENSE.

¹ LAST NAME:

² FIRST NAME :

³ MIDDLE INITIAL: ⁴ DATE OF BIRTH : --

⁵ LIC. NUMBER :

⁶ EXPIRES: -- ⁷ STATE:

⁸ LICENSE CLASS: ⁹ SEX:

¹ ENDORSEMENTS: ¹¹ RESTRICTIONS:

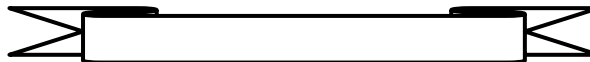
SHIELD# EMP. ID#:

RANK / TITLE : UNIF: CIV:

I _____ understand that submission of this application authorizes the Department to enroll me in the New York State License Event Notification Service (LENS). I further understand that enrollment in LENS entitles the Department to make periodic inquiries as to the validity and status of my Drivers License. That information will be used solely by the Department for the purpose of carrying out its function in the best interest of the City, and to ensure compliance with Department rules, regulations and conditions of employment. Upon my separation from the Department my enrollment in the LENS program will be immediately terminated.

SIGNATURE: _____ DATE: _____

Commanding Officers Authorization:



NEW YORK STATE (7)
ID: 123 456 789 (5) **DRIVERS LICENSE**

DOB: 08-08-99 (4)

(1) DOE, (2) JOE (3) W
1414 MOCKING BIRD RD.
WONDERLAND, N.Y.

(9) SEX:M EYES: HA HT: 5-07 CLASS:D
(10) END (11) REST:

ISSUED: 03-03-99 EXPIRES: 08-08-99

- 1 THIS IS ENTERED IN THE **LAST NAME** BOX
- 2 THIS IS ENTERED IN THE **FIRST NAME** BOX
- 3 THIS IS ENTERED IN THE **MIDDLE INITIAL** BOX
- 4 THIS IS ENTERED IN THE **DATE OF BIRTH** BOX
- 5 THIS IS ENTERED IN THE **ID NUMBER** BOX
- 6 THIS IS ENTERED IN THE **EXPIRES** BOX
- 7 THIS IS ENTERED IN THE **STATE** BOX
- 8 THIS IS ENTERED IN THE **LICENSE CLASS** BOX
- 9 THIS IS ENTERED IN THE **SEX** BOX
- 10 THIS IS ENTERED IN THE **ENDORSEMENTS** BOX
- 11 THIS IS ENTERED IN THE **RESTRICTIONS** BOX