

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:	
	LED OUT LEGIBLY AND EXACTLY AS THEY
APPEAR ON THE EMPLOYEE'S DRIVER LICENSE. ATTACH A COPY OF A VALID DRIVER'S	
1 LICENSE	<u>. </u>
LAST NAME:	
2	
FIRST NAME :	
MIDDLE INITIAL: DATE OF BIRTH:	
LIC. NUMBER:	
	7
EXPIRES: — —	STATE:
8 <u>SEX:</u>	
1 11 DESTRUCTION DESTRUCTION OF THE PROPERTY O	TIONS.
ENDORSEMENTS: RESTRIC	IIONS:
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 inquires 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 Departmer	
will be immediately terminated.	it my chromitent in the ELIVO program
SIGNATURE:	DATE:
Commanding Officers Authorization:	2
	1 THIS IS ENTERED IN THE LAST NAME BOX
	2 THIS IS ENTERED IN THE FIRST NAME BOX
NEW YORK STATE (7)	3 THIS IS ENTERED IN THE MIDDLE INITIAL BOX
ID: 123 456 789 (5) DRIVERS LICENSE	4 THIS IS ENTERED IN THE DATE OF BIRTH BOX
DOB: 08-08-99 (4)	5 THIS IS ENTERED IN THE ID NUMBER BOX
(1) DOE, (2) JOE (3) W	6 THIS IS ENTERED IN THE EXPIRES BOX
1414 MOCKING BIRD RD.	7 THIS IS ENTERED IN THE STATE BOX
WONDERLAND, N.Y.	8 THIS IS ENTERED IN THE LICENSE CLASS BOX
(9) SEX:M EYES: HA HT: 5-07 CLASS:D	9 THIS IS ENTERED IN THE SEX BOX
(10) END (11) REST:	10 THIS IS ENTERED IN THE ENDORSEMENTS BOX
	11 THIS IS ENTERED IN THE RESTRICTIONS BOX