

Georgia Bureau of Investigation
Georgia Crime Information Center

Georgia Driver's History Consent Form

I hereby authorize the _____
(fire department/law enforcement agency name).

to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name (print)

Address

Sex

Date of Birth

Driver's License Number

Signature

Date

NOTARY SEAL