

DATE: _____

NHTSA
NDR W55-123
1200 New Jersey Avenue, S.E.
Washington, D.C. 20590

To Whom It May Concern:

In accordance with **49 CFR Part 240**, I request and authorize the NHTSA to perform the NDR check and furnish the results of the search directly to:

ROUTING SYMBOL: NJTR

**NJ TRANSIT RULES DEPARTMENT
D.S.L.E.
RAIL OPERATIONS CENTER
1148 NEWARK TPKE.
KEARNY, NJ 07032-4311**

PLEASE PRINT ALL INFORMATION NEATLY:

FULL LEGAL NAME: _____
(First) (Middle Initial) (Last)

ANY OTHER NAME(S) YOU USE: _____
(Nickname, Professional Name, Maiden Name)

DATE OF BIRTH: _____ SEX: _____

EYE COLOR: _____ WEIGHT: _____

HEIGHT: _____ STATE WHICH ISSUED LICENSE: _____

DRIVER'S LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: _____
(NOTE: Furnishing Social Security Number is voluntary)

SIGNATURE: _____

NOTARY STAMP/SEAL