



Lumpkin County Emergency Services

Georgia's Driver's History Form

I hereby authorize Lumpkin County Board of Commissioners to receive a copy of my Georgia's driver history information, as part of my job responsibilities, which include the operation of a county owned vehicle and/or equipment. The information will be used for insurance purposes.

Print Full Name: _____

Address: _____

City _____ State: _____ Zip: _____

Driver's License Number: _____ Date of Birth: _____ Sex: M F

Signature: _____ Date: _____