

## New York State Department of Motor Vehicles

## **DRIVER HISTORY DISCLOSURE**

Client ID:	Name:
Date of Birth: //	_ Sex:
	d a driver license in New York State or elsewhere in any other name? If Yes, please print the other name(s) in full:
	ever been issued a driver license. Include all U.S. states (including NY), of Columbia; and Canadian provinces or territories.
3) Have you had any alcohol/drugged drivi	ing convictions in your lifetime?
a. If Yes, indicate how many in:	
New York	
Other than New York	
b. Indicate the non-New York state conviction(s) occurred.	e(s) or other location(s) and the year in which those alcohol/drugged driving
STATE (or other location)	YEAR
CERTIFICATION: I certify that the information of the properties of the contact the jurisdictions indicated to various transfer of the contact the properties of the certific transfer of transfer of transfer of the certific transfer of tran	ation I have given on this form is true. I understand that the NYS DMV lidate the information provided.
deceiving or substituting, or causing another	this disclosure, or in any proof or statement in connection with it, or r person to deceive or substitute in connection with this disclosure, may sdemeanor or felony under the Vehicle & Traffic Law and/or Penal Law.
Signature:	Date:
Office Use Only:	
Office:	
Transaction Type:	

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