DL 15 (01/00)

PRIVATE TRUCKING COMPANY DRIVERS STATUS REPORT

AS CHANGES OCCUR, COMPLETE THIS FORM AND FORWARD TO DMV AT THE ADDRESS BELOW.

NAME **(Last, First, Middle)**	**DRIVER'S LICENSE NUMBER**	**DATE OF BIRTH**	**ADD/DELETE** ***(A/D)***

Use Agreement Number	Company's Name/Address	Date
Signature of Person Completing Form		Telephone Number

DMV CUSTOMER RECORDS DIVISION
P.O. BOX 27412
RICHMOND, VIRGINIA 23269