

PRIVATE SCHOOL AND DAY CARE DRIVERS STATUS REPORT

DL29 (04/99)

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	School Name/Address	Date
Signature of Person Completing Form		Telephone Number

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