



Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306

AND

Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

(This form is for use with the ON-LINE registry checking system ONLY)

****This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name:

Gender: **Last 4 Digits of Social Security #: XXX-XX-**

Address: _____

Phone number: _____ Birth Date: _____ Place of Birth: _____
City, State, Country

Other **FIRST** names I have used, if any (i.e. Nicknames, Alluses): _____
(Type or Print)

Other **LAST** names I have used, if any (i.e. Maiden Names, Aliases): _____
(Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to

Moover / Southeast Vermont Transit Inc.
(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature

Date _____



Department of Public Safety
Vermont Criminal Information Center
103 South Main Street
Waterbury, VT 05671-2101

PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY FEE: \$30 PER REQUEST - NO PERSONAL/BUSINESS CHECKS Reply will be mailed in 5 - 7 working days - A SELF ADDRESSED, STAMPED, RETURN ENVELOPE IS REQUIRED TO FACILITATE RETURN OF YOUR REQUEST

WE ARE A VULNERABLE POPULATIONS AGENCY. OUR AGENCY CODE IS:

NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY

LAST NAME

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH (REQUIRED)
Month / Day / Year

☐ MALE
☐ FEMALE

SOCIAL SECURITY NUMBER

ALIAS NAMES (IF APPLICABLE)

PURPOSE OF
REQUEST:
(CHECK ONE)

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> PERSONAL REVIEW | <input type="checkbox"/> FOREIGN TRAVEL/ IMMIGRATION | <input type="checkbox"/> MILITARY |
| <input type="checkbox"/> ADOPTION | <input type="checkbox"/> CIVIL COURT PROCEEDING | <input type="checkbox"/> PARDON |
| <input type="checkbox"/> CHILD CUSTODY | <input type="checkbox"/> LICENSING | |
| <input checked="" type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> HOUSING | |
| <input type="checkbox"/> OTHER: INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE | | |

ACCESS TO CRIMINAL CONVICTION INFORMATION TERMS AND CONDITIONS

The following information is REQUIRED in order to successfully process your request.
Requestor MUST initial each line, fill out requestor information and sign below.

In accordance with Title 20, Chapter 117, Section 2056(c), which governs the release of criminal conviction information to the public, I understand:

- ☐ Alteration or modification of any report received as a result of this request is strictly prohibited by law.
- ☐ Disclosure of the contents of this criminal conviction report to anyone other than the subject of the record or properly designated employees of any agency with a documented need to know the contents of the record is prohibited.
- ☐ No person entitled to receive a criminal conviction record shall require an applicant to obtain, submit personally or pay for a copy of his or her criminal conviction record.

REQUESTOR INFORMATION

Name

Moover / Southeast VermontTransit Inc.

Street Address

45 Mill Street

City

Wilmington

State

VT

Zip

05363

Telephone Number

(802)464-8487

Signature of Requestor

Date (Mo/Day/Year)

Vermont Agency of Human Services
Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306
Child Protection Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

CONSENT FOR RELEASE OF INFORMATION

PLEASE PRINT OR TYPE. THIS FORM WILL BE RETURNED IF ALTERED OR STAPLED.

If requesting information from both registries, please fill out one form and submit copies to each division

- ☐ I hereby request the Commissioner of the Department of Disabilities, Aging and Independent Living to release to me any information in the Adult Abuse Registry pursuant to 33 V.S.A. 6911(C)(3) involving the individual listed below in Section II.
- ☐ I hereby request information from the Child Protection Registry maintained by the Department for Children and Families.

Section I. Employer Requesting Registry Check

Employer name: SEVT Moover

Employer address: 45 Mill Street, Wilmington, VT 05363

Employer telephone number: 802-464-8487

Employer fax number: 802-464-0164

Employer email address: admin@ctransit.org

I certify that this individual is a current employee, contractor or volunteer of this facility/agency or has been given a conditional offer of employment. I understand this information is only for the purposes of determining whether to hire or retain the individual to provide care, custody, treatment, transportation, or supervision of children or vulnerable adults.

(Authorized) Facility/Agency Signature _____

Date _____

Note: If you are a regulated childcare provider in Vermont, this process does not apply to you.

Section II. Consent From Current or Prospective Employee, Contractor, or Volunteer

Full Name: _____

(Type or Print Clearly)

Gender: _____

Address (including City, State, Zip Code): _____

Phone number: _____

Birth Date: _____

Place of Birth: _____

Last four digits of social security number: XXX-XX-

Other names I have used, if any (including maiden name): _____

(Type or Print Clearly)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to the Owner/Operator of the above named facility/agency.

(Prospective) Staff, Contractor, or Volunteer Signature _____

Date _____

Section III. Response from the Agency of Human Services (Office Use Only)

Vermont Adult Abuse Registry

Vermont Child Protection Registry

☐ Employee's name not found in registry ____ initials

☐ Employee's name not found in registry ____ initials

☐ Employee's name found in registry ____ initials

☐ Employee's name found in registry ____ initials

Nature of any finding: _____

Date of such finding: _____

Signature of Commissioner's Designee _____

Date _____

**** **A self-addressed, stamped envelope must be included** ****



DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation
dmv.vermont.gov

Vermont DMV Record Request

120 State Street
Montpelier, Vermont 05603-0001
802.828.2000

Requests for Vermont Department of Motor Vehicles records must be submitted on this form. This form may be photocopied for your convenience. The form must be completed in ink. Please print all information, except signatures, which must be written.

*** ALL APPLICABLE SECTIONS OF THIS FORM (FRONT AND BACK) MUST BE COMPLETED TO OBTAIN THE REQUESTED INFORMATION. ***

Signature Required on Back of Form	
Requester Name:	DBA/Company:
Southeast Vermont Transit	Moover
Mailing Address:	City, State, Zip:
Street/Box Number: 45 Mill Street	Wilmington, Vermont 05363
Mail to (If different than above address):	
Telephone Number:	
<input type="checkbox"/> Listings of 1 through 4 current or expired registrations – \$6.00	
<input type="checkbox"/> Listing of 1 through 4 current or expired operator's license – \$6.00	
<input type="checkbox"/> Certified copy of current or original registration application – \$6.00	
<input type="checkbox"/> Certified copy of expired operator's license application – \$6.00	
<input type="checkbox"/> Certified copy individual accident report – \$10.00	
<input type="checkbox"/> Certified copy police accident report – \$15.00	
<input type="checkbox"/> Insurance information of accident – \$6.00	
<input type="checkbox"/> Statistics and research – \$35.00 per hour	
<input type="checkbox"/> Periodic inspection sticker record – \$6.00	
<input type="checkbox"/> Lists of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered) – \$6.00 per page	
<input type="checkbox"/> Other – Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of \$6.00.	
<input type="checkbox"/> Certified copy of suspension notice – \$6.00	
<input type="checkbox"/> Certified copy of reinstatement notice – \$6.00	
<input type="checkbox"/> Certified copy of title – \$6.00	
<input type="checkbox"/> Certified copy of vehicle title search, title info, lien info. – \$20.00	
<input type="checkbox"/> Certified copy of vessel, snowmobile or ATV title search – \$13.00	
<input checked="" type="checkbox"/> Certified copy of 3 year operating record (Vermont only) – \$13.00	
<input type="checkbox"/> Certified copy of complete operating record (Vermont only) – \$16.00	
<input type="checkbox"/> Certified copy of proof of mailing – \$6.00	
<input type="checkbox"/> Certified copy of mail receipt – \$6.00	

• DO NOT MAIL CASH! • Make check or money order payable (in U.S. funds only) to: VT DEPARTMENT OF MOTOR VEHICLES.

Rater #	FOR DEPARTMENT USE ONLY
	Audit Line: →

I am requesting information concerning:

Name	VT Driver License Number	Date of Birth
Street/Box Number	Social Security Number	
City	State	Zip Code
Date(s) you want covered, if applicable (does not apply to driving records)		
Month	Day	Year
Through	Month	Day

AUTHORIZATION OF RELEASE OF INFORMATION

▼ I hereby, with my signature, authorize (print name of person or business you are authorizing):

Southeast Vermont Transit / Moover

- ☐ To perform a one-time search of the VT Department of Motor Vehicles files (pertaining to me) and any resulting reports.
☐ To perform a one-time authorization to transact business (pertaining to me) with the VT Department of Motor Vehicles.

▼ Signature of individual authorizing release:

▼ Date authorization given:

Information requested (be specific, if necessary use separate sheet of paper):

The information requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:

↓ You must initial inside the appropriate box(es)/category(ies) below:	
	1. For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. Appropriate documents identifying requester are required .*
	2. For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
	3. For use in the formal course of business by a legitimate business or its agents, employees, or contractors: a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and b. If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual. Appropriate documents identifying requester are required .*
	4. For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
	5. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
	6. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. Appropriate documents identifying requester are required .*
	7. For use in providing notice to the owner or lien-holder of a towed or impounded vehicle.
	8. For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section. Appropriate documents identifying requester are required .*
	9. For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570].
	10. For use in connection with the operation of private toll transportation facilities.
	11. For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
	12. Unrestricted or specified use with written consent of the person who is the subject of the information. ("Release portion" on other side of this form must be completed in full.)

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 USC §2723). This is signed and the request made subject to the penalties of 18 USC §2723 and 23 VSA §202.

Signature of Requester:	Date:
Driver License/Corporate Number of Requester:	FED I.D. # 03-0353976

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by the appropriate department personnel to determine whether this request conforms to (DPPA) protocol and requirements. Failure to meet these qualifications will result in a denial of your request.

* Appropriate documents identifying requester are **required**. You must include copies of your identification and documents verifying you are authorized to obtain this information. Failure to meet these qualifications will result in a denial of your request. If you are unsure what documents are required, call 802.828.2000

FOR DEPARTMENT USE ONLY – DO NOT WRITE ANYTHING BEYOND THIS POINT	
This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:	
<input type="checkbox"/> They are records which, by law, are designated confidential or by a similar term.	
<input type="checkbox"/> They are records which, by law, may only be disclosed to specifically designated persons.	
You have the right to appeal this denial to the Commissioner of Motor Vehicles (appeal must be in writing).	
Vermont Department of Motor Vehicles: _____	