

****THIS IS NOT AN OFFICIAL LETTER TO DRIVE****

**LEBANON MUNICIPAL COURT
EMPLOYMENT VERIFICATION**

CASE NO _____

This form must be completed by your employer or supervisor. Failure to submit this form and proof of insurance to the Clerk's office will result in denial of driving privileges.

NAME & D/O/B _____ / ____ / 19____

ADDRESS & PHONE _____

_____ (____) _____

EMPLOYER _____

ADDRESS _____

SUPERVISOR'S NAME _____

NATURE OF EMPLOYMENT (TITLE, POSITION, JOB DESCRIPTION, ETC) _____

EMPLOYEE'S REGULAR WORK SCHEDULE:

<u>Day</u>	<u>Starting Time</u>	<u>Quitting Time</u>
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

DO YOU OPERATE A MOTOR VEHICLE AS PART OF YOUR EMPLOYMENT? YES / NO

DO YOU WORK OVERTIME? YES / NO FAMILY PLATES REQUIRED? YES / NO

ADDITIONAL DRIVING REQUIREMENTS _____

Signature of Employer/Supervisor Title Date

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****YOU MUST TURN THIS COMPLETED FORM IN TO THE COURT BEFORE AN OFFICIAL DOCUMENT WILL BE ISSUED****