

**SAN MIGUEL COUNTY GOVERNMENT  
DRIVER'S LICENSE/BACKGROUND CHECK  
CONSENT FORM**

The undersigned is a Volunteer Firefighter with San Miguel County Government, Las Vegas New Mexico. The positions held by San Miguel County involve driving a county vehicle.

I hereby give my consent to San Miguel County Human Resource Supervisor to check on the validity of my driver's license as a condition of employment/ Volunteering. I specifically authorize San Miguel County Human Resource Supervisor to review the New Mexico Department of Motor Vehicle Records/Background Check as seen fit during the term of the identification card applied for.

I hereby disclose the following information for that purpose:

1. Driver's License#: \_\_\_\_\_ Expiration date: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Full Name as shown on Driver's license: \_\_\_\_\_
4. State of Licensure: \_\_\_\_\_
5. Applicable County Department: \_\_\_\_\_

Dated: \_\_\_\_\_  
(Volunteer Signature)

**County Department or which VFD they will be stationed with.**

Dated: \_\_\_\_\_  
(Volunteer Fire Chief Signature)

Name \_\_\_\_\_  
(Volunteer Fire Chief Printed Name)

County Fire Chief

Name \_\_\_\_\_  
( Printed Fire Chief) (Signature Fire Chief)

**FOR OFFICAL USE ONLY**

Date of license check \_\_\_\_\_

STATUS: Valid \_\_\_\_\_ Invalid \_\_\_\_\_ (check appropriate blank)

Checked by: \_\_\_\_\_  
(Name) (Title)

**FOR OFFICAL USE ONLY**

Date of license check \_\_\_\_\_

STATUS: Valid \_\_\_\_\_ Invalid \_\_\_\_\_ (check appropriate blank)

Checked by: \_\_\_\_\_  
(Name) (Title)

**FOR OFFICAL USE ONLY**

Date of license check \_\_\_\_\_

STATUS: Valid \_\_\_\_\_ Invalid \_\_\_\_\_ (check appropriate blank)

Checked by: \_\_\_\_\_  
(Name) (Title)

**FOR OFFICAL USE ONLY**

Date of license check \_\_\_\_\_

STATUS: Valid \_\_\_\_\_ Invalid \_\_\_\_\_ (check appropriate blank)

Checked by: \_\_\_\_\_  
(Name) (Title)