



DRIVER'S LICENSE & AUTO INSURANCE VERIFICATION

APPLICANT #1

Last First Middle

Drivers License # Date of Birth

Foster Parent Signature Date

APPLICANT #2

Last First Middle

Drivers License # Date of Birth

Foster Parent Signature Date

AUTO INSURANCE CO. _____

POLICY # _____ EXPIRATION DATE _____

NAME OF AGENT _____ PHONE _____

I HAVE ATTACHED A COPY OF MY MOST CURRENT AUTO INSURANCE CARD WITH THIS FORM.