DRIVERS LICENSE INFORMATION

Diocese: _____ **Contact Name:** _____

Location Name: _____ **Phone No.:** _____

Address: _____ **Fax No.:** _____

_____ **Date:** _____

FIELD TRIP:

GALLAGHER USE ONLY

DRIVERS NAME	DRIVERS LICENSE NO.	YES	NO

Once this form has been completed, please fax it to the attention of Barbara Ros or Ruben Feliciano at Arthur J. Gallagher & Co., in Miami, fax number 305-716-3293, if you have any questions, you may contact Barbara at 1-800-488-3003 or 305-592-6080 extensions 253 or Ruben at extension 269.

NOTE: REQUEST FOR MVR'S WILL BE ISSUED WITHIN 48 HOURS OF RECEIPT