

Employer Solutions Staffing Group, LLC

7001 Chms Lane, Suite 408

Edina, MN 55428

(952) 455-1222

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED - PRINT OR TYPE

Date 08/11/2015

Name: First Shawn Middle Lament Last Rutheford

Address 9185 Annapolis Ln Home telephone

City Maple Grove State MN Zip 55369 Cellular telephone 763-301-4049

Date of Birth 03/02/1970 Social Security Number 38478 2736

If your current address is less than 3 years, continue below. If more than 3 years, provide a year address.

1 Street Dates From To City State Zip

2 Street Dates From To City State Zip

3 Street Dates From To City State Zip

Has included at least six additional addresses

Driver's License Information: all licenses held, last 3 years

State MN Number 7466 299254216 Expiration Date 03/08/18

State Number Expiration Date

State Number Expiration Date

Experience

26 foot Box truck 05/13 to 1/14 5000 miles

Flatbed tent truck 05/14 to 1/15 5000 miles

All Accidents, list 3 years (if none, write NONE)

Date Describe None Fatalities Injuries

Date Describe Fatalities Injuries

Date Describe Fatalities Injuries

List all Traffic Violations, Convictions, Just Arrests (If none, write NONE)

Date _____ Violation none State _____ Commercial Vehicle Yes/No
 Date _____ Violation _____ State _____ Commercial Vehicle Yes/No
 Date _____ Violation _____ State _____ Commercial Vehicle Yes/No
 Date _____ Violation _____ State _____ Commercial Vehicle Yes/No
 Date _____ Violation _____ State _____ Commercial Vehicle Yes/No
 Date _____ Violation _____ State _____ Commercial Vehicle Yes/No
 Date _____ Violation _____ State _____ Commercial Vehicle Yes/No
 Date _____ Violation _____ State _____ Commercial Vehicle Yes/No

Have you ever had any driver license denied, suspended, revoked or annulled by any taxing state agency?

Yes No If yes state of violation explanation child support

Employment History last 10 years (1982-92) - account for time between employments (if unemployment, list number found in)

1) Employer Après party Rental Dates 05/14 to 1/15
 Address 7625 Cahill Rd Supervisor Joe Langelos
 City, State, Zip code Edina MN 55112 Telephone 952-337-3344

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving seasonal

2) Employer midway party Rental Dates 05/13 to 02/14
 Address 666 Kasota Supervisor teresa
 City, State, Zip code Minneapolis MN 55437 Telephone 612-353-3044

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving no overtime seasonal

3) Employer: STS Staffing Dates: 1/09 to 10/12
Address: University Ave Supervisor: Susan
City, State, Zip code: St Paul, MN 55432 Telephone: 763-571-0508

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substances and alcohol testing during this period? Yes No

Reason for Leaving: work there when they got shifts

4) Employer: Bouncer Dates: 15 years
Address: various clubs Supervisor: _____
City, State, Zip code: Minneapolis, MN Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substances and alcohol testing during this period? Yes No

Reason for Leaving: not open anymore

5) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substances and alcohol testing during this period? Yes No

Reason for Leaving: _____

6) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip Code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substances and alcohol testing during this period? Yes No

Reason for Leaving: _____

7) Employer _____ Date _____

Address _____ Supervisor _____

City, State, Zip code _____ Telephone _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substances and alcohol testing during this period? Yes No

Reason for Leaving _____

Use backside of sheet for additional information

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substances and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigated information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

"I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge."

Shawn R. Buford
Applicant's Signature

08/11/2015
Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for compliance by:

Name

Name

Title

Title

SIGNIFICANT DATES:

Date of Birth _____

Time & Date of Pre-Employment COT: _____

Time & Date of Pre-Employment COT Repeat Request: _____

Date First Lined in Safety Sensitive Position: _____

Date of Termination: _____

"Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

Designated Employer Representative:
 OIG - DOT Division
 Address: _____

Please respond by Fax to: (877) 406-4000

Section I. To be completed and signed by the Applicant/Employee:

Applicant/Employee Printed or Typed Name: _____

Applicant/Employee SS Number: _____

389-78-2736

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records retained by my previous employer, listed below, to GTS and its designated agent, GTS. This release is in accordance with DOT Regulation 49 CFR Part 40 and 40.101 as allowed by Section 394 of the Federal Motor Carrier Safety Regulations. I understand that information to be released by my previous employer is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher
2. Verified positive drug tests;
3. Refusal to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Applicant/Employee Signature: _____

Marcus Ruthford

Date: 08/11/2015

Previous Employer Name: _____

Midway party/rental and tent

Position(s) Held: _____

Driver/Laborer

Address: _____

666 Kasota Minneapolis MN 55414

Phone #: _____

612-333-3044

Fax #: _____

Designated Employer Representative: _____

teresa

Section II. To be completed by the previous employer and transmitted by mail or fax to GTS at (877) 406-4000 within 30 days from the date of the request in compliance with the amended Parts 390 and 391 of the Federal Motor Carrier Safety Regulations (FMCSRs) including any accidents defined in Section 390:

In the past three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

1. Did the employee have alcohol test with a result of 0.04 or higher? Yes No Data _____
2. Did the employee have verified positive drug test? Yes No Data _____
3. Did the employee refuse to be tested? Yes No Data _____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No Data _____
5. Did the previous employer report a drug and alcohol rule violation? Yes No Data _____
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? Yes No Not Applicable

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).



**"Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"
(Additional Questions)**

Please respond by Fax to: (877) 690-4000

Employee Name: Shawn Ruthless Employer Name: _____

In the past three years prior to the date of the employee's signature (in Section I), for DOT-Regulated testing:

7. Was the employee a safe and efficient driver? Yes No

8. What motor vehicles did the employee operate?
Semi / Tractor-Trailer Straight Truck Bus Other (please identify type) _____

9. What license type did the driver hold?
Class A Class B Non-CDL Other (please identify type) _____

10. Was the employee involved in any traffic violations or accidents during period? Yes No
If Yes, please provide specific detail, including how many and whether injuries and/or fatalities were involved, as well as date, and if accident, list the city/state where the accident occurred. _____

Employee Start Date: _____ Employee End Date: _____

Position Held: _____ Salary: _____

Reason for Leaving: _____ Eligible for Retire: _____

Name of person providing information in Section II and additional attachments:

Printed Name: _____ Signature: _____

Title: _____ Date: _____

Phone #: _____



employer solutions staffing group
Leveraging Resources in a Changing Market

AUTHORIZATION FOR EMPLOYER TO RELEASE CDL/DOT FILE INFORMATION TO STAFFING CLIENT

(Please read the following statements and sign below if you consent.)

I, Shawn Rutherford, hereby authorize my employer, Employer Solutions Staffing Group LLC, to release any or all of the following information relating to my application for federal Department of Transportation driver qualification file to cmg (staffing client company's name).

(Check items you consent to release):

- The driver's application for employment completed in accordance with the FMCSRs
- Records relating to the investigation of driver's safety performance history
- A copy of the initial driver's motor vehicle record check(s)
- A copy of the driver's road test or a copy of the driver's CDL, which the motor carrier may accept as equivalent to the driver's road test
- Copies of the annual driver's motor vehicle record check, the annual list of violations provided by the driver and certification of the annual review
- A copy of the driver's medical examination/certification. (Exception: A CDL holder who has submitted his/her medical certification to the state of licensure and indicated the status as non-exempt [meaning he/she is subject to driver qualifications] will have his/her medical certification status information appearing on the motor vehicle record. A carrier must obtain the driver's motor vehicle record and place it in the driver qualification file.)

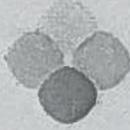
A copy of the skills performance evaluation certificate or MNDOT medical waiver, if applicable
 Documentation indicating the carrier verified the driver was medically certified by a medical examiner listed on the National Registry of Certified Medical Examiners.

I further release and hold harmless both Employer Solutions Staffing Group LLC and cmg (staffing client company's name) from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by Employer Solutions Staffing Group LLC will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Shawn Rutherford
Signature of Employee

Shawn Rutherford
Employee's Name - Printed

Date Signed: 08/11/2015



employer solutions staffing group
Leveraging Resources in a Changing Market

**AUTHORIZATION FOR CONTACTING CURRENT
EMPLOYER PERMISSION OF PERSPECTIVE
EMPLOYEE**

I am currently employed with another organization.

(Please read the following statements and sign below if you consent)

(Applicant's name below)

I, Shawn Rutherford, hereby authorize Employer Solutions Staffing Group, LLC (ESSG) and their designated agent, QIS, to contact my current employer regarding work performance and work history relating to my employment with them.

I further release and hold harmless both ESSG and CME (staffing client company's name) from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will not have the right to see the information.

Shawn Rutherford
Applicant's Signature

08/11/2015
Date

Shawn Rutherford
Print Employee's Name

KARI KOSKINEN MANAGER BACKGROUND CHECK ACT RELEASE OF INFORMATION CONSENT FORM

Property Owner: CORPORATE MANAGEMENT GROUP
404 BROADWAY AVE
8T PAUL PARK, MN 55071
Ph 651-898-8883
RHR Account# 116598

Screening Company: Trusted Employees
701 8th Street South
Hopkins, MN 55843
Ph 952.546.8853

CHECK HERE IF APPLICANT HAS NOT BEEN A MINNESOTA RESIDENT FOR THE PAST 10 YEARS, A FBI OR SIMILAR BACKGROUND SEARCH IS MANDATORY. IF APPLICABLE CHECK ONE FURTHER OPTION BELOW:

Check here if requesting a FBI federal background check and attach completed fingerprint card. (Please note that the federal check customarily takes between 4 to 6 weeks).

APPLICANT READ AND COMPLETE:

A search of the Minnesota State Criminal Records Repository and/or the Federal Bureau of Investigation's Criminal Justice Information Criminal Files will be performed on you pursuant to Minnesota Statutes 299C.67 to 299C.71. By signing this form you are allowing the above named company / individual to access any criminal data maintained in these files which applies under the statute and authorize this background check to be performed. The expiration of this authorization shall be one year from the date of my signature.

Signed: _____ Date: _____

Complete Information (Please Print):

Rutherford Shawn Lamont
(Last Name) (First Name) (Middle Name)

9185 Minneapolis Ln N From: _____
(Current Address) (City) (State) (Zip Code)

From: _____ To: _____
(Previous Address) (City) (State) (Zip Code)

From: _____ To: _____
(Previous Address) (City) (State) (Zip Code)

Maiden Name: _____ Previous Name / Alias: _____

Date of Birth: 03/02/70 Sex (M or F): M Social Security Number: 384-782736

Driver's License Number: 2466299254216 State: MN

I UNDERSTAND THAT I HAVE THE FOLLOWING RIGHTS:

- 1) The right to be informed that the company/owner will request a background check to determine whether I have been convicted of a crime specified in section 299C.67, subdivision 2.
- 2) The right to be informed by the company/owner of the superintendent's response to the background check and to obtain from the company/owner a copy of the background check report.
- 3) The right to obtain from the superintendent any records that form basis for the report.
- 4) The right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, subdivision 4.
- 5) The right to be informed by the company/owner if my application to be employed or to continue as an employee has been denied because of the result of the background check.

This document is required to be a separate form and may not be made a part or attached to the Employment Application.

Background Information and Release Authorization

I authorize cmg and Trusted Employees to conduct a background investigation as part of its employment screening and selection process. This information in part or in whole will be provided to the company in the form of a report provided by Trusted Employees.

I authorize and consent, without reservation to the retrieval of information that may include but is not limited to employee wages, educational institutions to include release of grade point averages, organizations, government agencies, credit reporting agencies, federal, state or county level agencies, insurance sources, driving and criminal history.

According to the Fair Credit Reporting Act (FCRA), I am entitled to be informed if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. I understand that if this occurs I will be advised and provided with the name of the agency or source of the information.

My signature below indicates my authorization for your company to obtain a consumer credit report and/or investigative consumer report about me from a consumer-reporting agency. I further understand that I am entitled to a copy of my consumer report directly from the credit bureau free of charge by checking the appropriate box below.

Are you applying for employment in California, Minnesota* or Oklahoma*? Yes No
Would you like a copy of the consumer report prepared on you? Yes No
If yes, would you like the report sent via e-mail? (Fastest option) Yes No

E-mail: RutherfordShawn115@yahoo.com

* Minnesota and Oklahoma residents are entitled to a free copy of their report.

Notice to California Applicants: Under section 1788.22 of the California Civil Code, you may view the file maintained on you by Trusted Employees during normal business hours. You may also obtain a copy of this file upon submitting proper identification by appearing at Trusted Employees in person or by mail. Mail requests should be directed to Trusted Employees, 701 5th Street South, Hopkins, MN 55343. You may also receive a summary of the file by telephone at 1-888-388-4022/862-848-8883. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnished proper identification.

I hereby certify that all of the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge. I understand that following my employment should any statements or answers be found to be false or information has been omitted; such false statements or omissions will be just cause for termination of my employment.

I further acknowledge that the facsimile (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. If employed by the above referenced employer (with the exception of employment in California) this authorization will remain in effect throughout the term of my employment.

Date: 08/11/15 Signature: Shawn Rutherford
SSN: 384-782736 Printed Name: Shawn Rutherford

Note: The following information will be used in verifying information on your Employment Application.

9185 Annapolis Maple Grove mn 55369
Street Address City State Zip Code
2466299254216 03/02/1970
Driver's License Number State of License Expires On Date of Birth

List any other cities and states in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years or have been known by at an educational institution

This document is required to be a separate form and may not be made a part or attached to the Employment Application.

Motor Vehicle Records and Driving History Release Authorization

I authorize CMG and Trusted Employees to conduct a background investigation as part of its employee screening and selection process. This information in part or in whole will be provided to the company in the form of a report provided by Trusted Employees.

I authorize and consent, without reservation to the retrieval of information to include motor vehicle records and driving history.

According to the Fair Credit Reporting Act (FCRA), I am entitled to be informed if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. I understand that if this occurs I will be advised and provided with the name of the agency or source of the information.

My signature below indicates my authorization for your company to obtain a consumer report and/or investigative consumer report about me from a consumer-reporting agency. I further understand that I am entitled to a copy of my consumer report directly from the reporting agency free of charge by checking the appropriate box below.

Are you applying for employment in California, Minnesota* or Oklahoma? Yes No
Would you like a copy of the consumer report prepared on you? Yes No

* Minnesota and Oklahoma residents are entitled to a free copy of their report.

Notice to California Applicants: Under section 1766.22 of the California Civil Code, you may view the file maintained on you by Trusted Employees during normal business hours. You may also obtain a copy of this file upon submitting proper identification by appearing at Trusted Employees in person or by mail. Mail requests should be directed to Trusted Employees, 701 8th Street South, Hopkins, MN 55343. You may also receive a summary of the file by telephone at 1-888-889-4023/852-848-8883. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnished proper identification.

I hereby certify that all of the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge. I understand that following my employment should any statements or answers be found to be false or information has been omitted; such false statements or omissions will be just cause for termination of my employment.

I further acknowledge that the facsimile (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. If employed by the above referenced employer (with the exception of employment in California) this authorization will remain in effect throughout the term of my employment.

Date: 08/11/2015 Signature: Shawn Rutherford
SSN: 384-78-2736 Printed Name: Shawn Rutherford

Note: The following information will be used as identification purposes only in verifying information on your Employment Application.

9185annapolis maplegrove MN 55369
Street Address City State Zip Code
2466299254216 MN 03/07/2018 03/08/70
Driver's License Number State of License Expires On Date of Birth

246629925216
List any other cities and states in which you have lived during the previous 7 years.

List any other Last Names you have used during the previous 7 years.

MINNESOTA
DRIVER'S LICENSE

SHAWN LAMONT RUTHERFORD
2618 LOGAN AVE N
MPLS, MN 55411

Date of Birth 03-02-1970
Sex M Eyes BRN Class D
Height 5-11 Weight 300
ISSUED 02-2014 EXPIRES 03-02-2018

Z466299254216

Shawn Rutherford

SOCIAL SECURITY

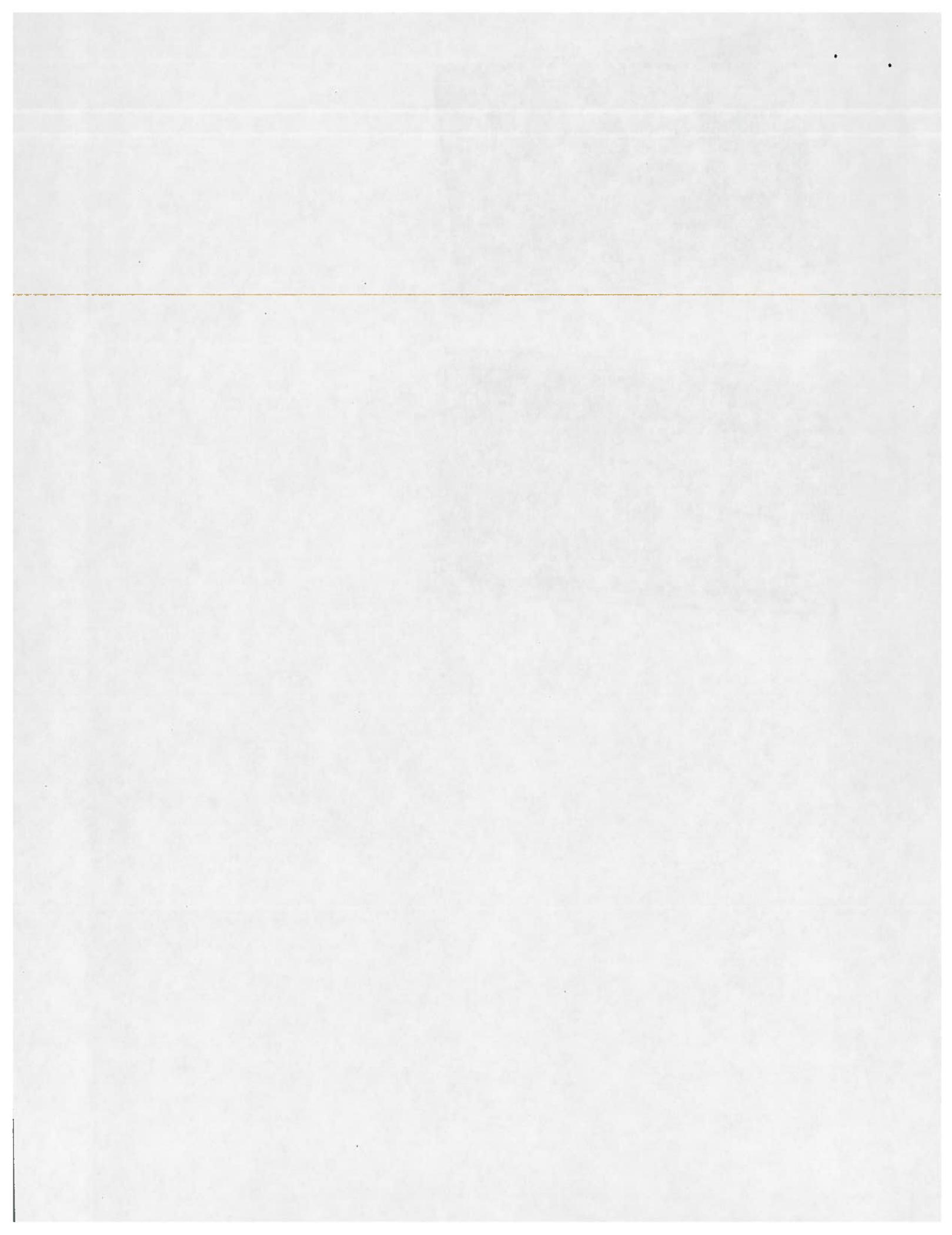
38-78-2739

THIS NUMBER HAS BEEN ESTABLISHED FOR

SHAWN LAMONT RUTHERFORD

ADMINISTRATOR

Shawn Rutherford
SIGNATURE



MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined:

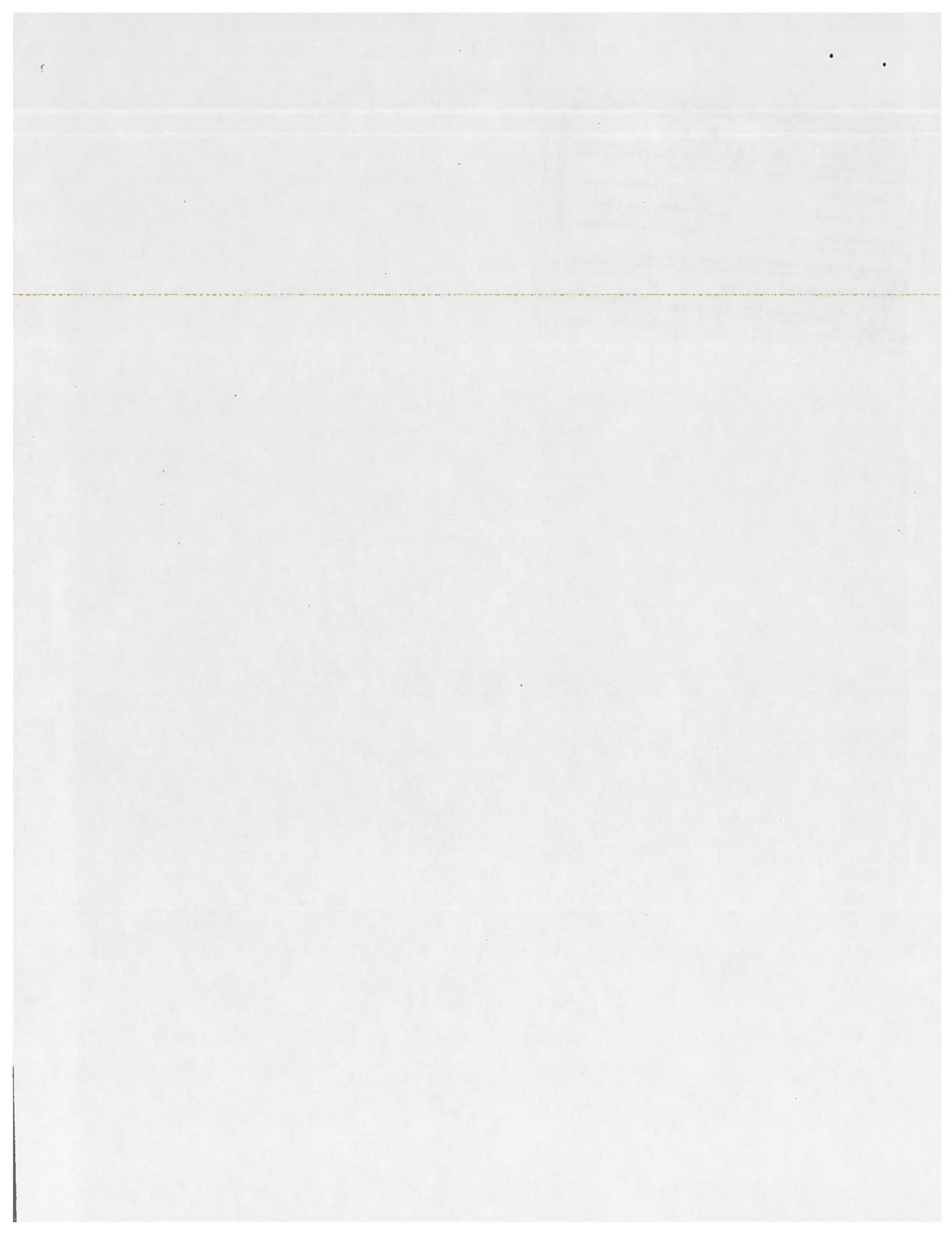
Shawn Rutherford

In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and if applicable, only when:

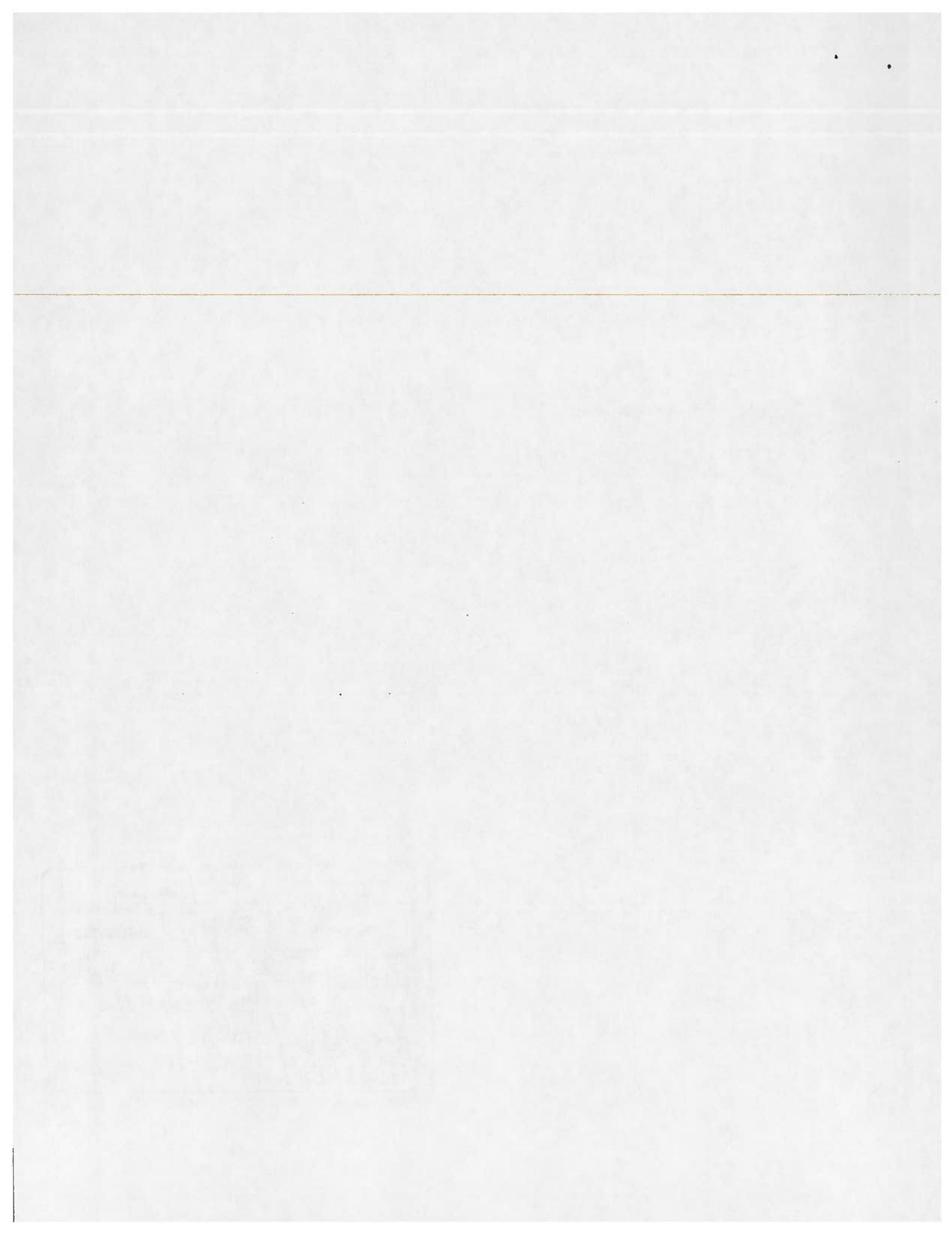
- wearing corrective lenses
- wearing a hearing aid
- accompanied by a _____
waiver / exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

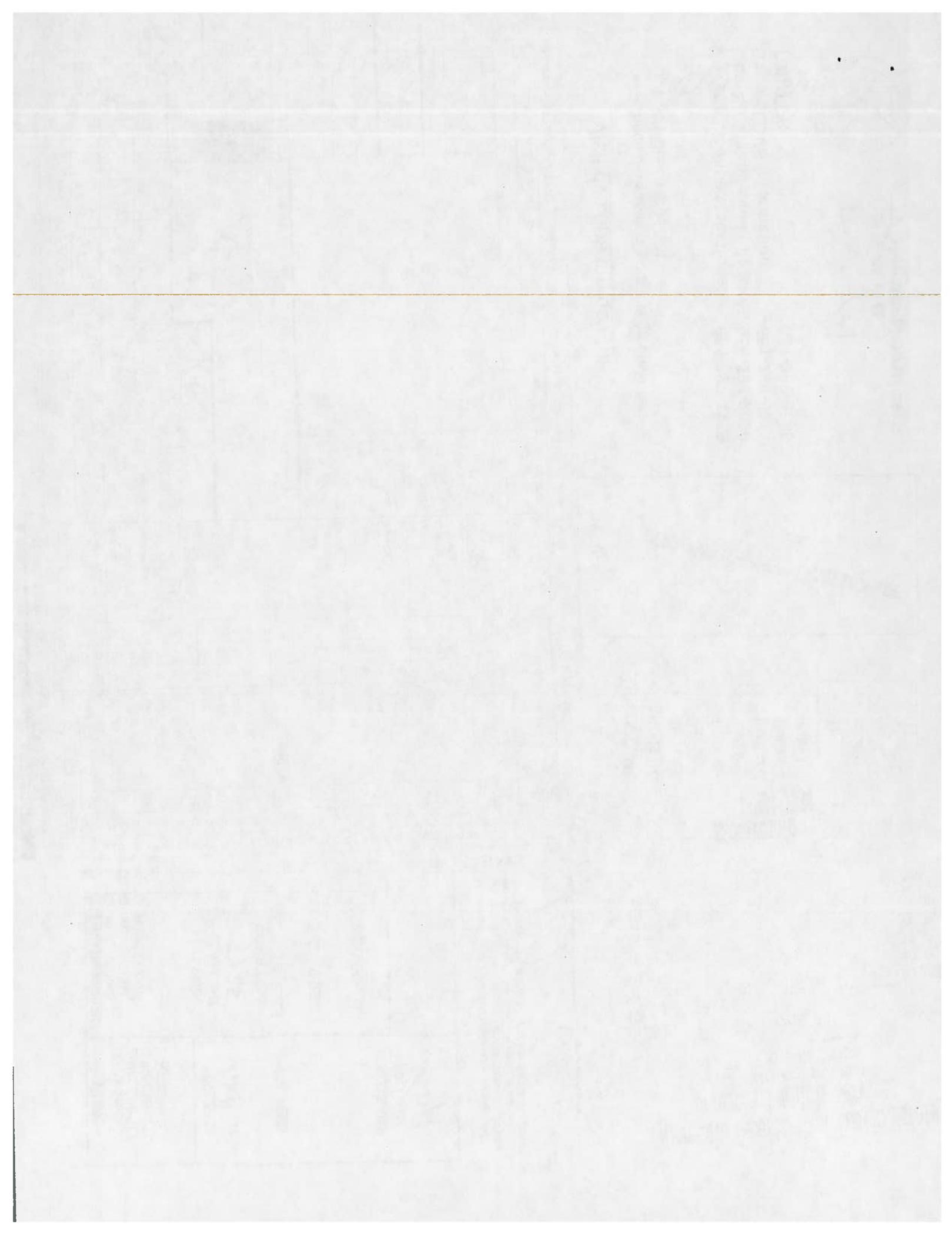
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
	612-227-2746	7/27/15



MEDICAL EXAMINER'S NAME Daniel Buettner		<input checked="" type="checkbox"/> CHIROPRACTOR www.QualityPhysicals.com	
MEDICAL EXAMINER'S LICENSE NO. ISSUING STATE 4645 / MN	INTRASTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NATIONAL REGISTRY NO. 9986667592
DRIVER'S LICENSE NO. 2466 299 254 216			STATE MN
SIGNATURE OF DRIVER 		ADDRESS OF DRIVER 2518 Logan Ave MPLS, MN 55411	
MEDICAL CERTIFICATION EXPIRATION DATE 7/27/2017			





IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION RECEIPT
THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: **16 299 254 216**
 BIRTH DATE (MM/DD/YYYY): **03 02 1970**

LAST NAME: **Shaw**
 FIRST NAME: **Liam**
 COMPLETE FIRST NAME: _____
 COMPLETE LAST NAME: _____

RESIDENTIAL ADDRESS: **9885 Annapolis Ln**
 CITY: **Maple Grove**
 STATE: **MN**
 ZIP CODE: **55369**

STREET: _____
 CITY: _____
 STATE: _____
 ZIP CODE: _____

APPLICANT PHYSICAL DESCRIPTION: **b** **rw** **6** **ft** **11** **in** **350** **lb** **1** **eye** **color** **blue** **hair** **color** **black**

TYPE <input type="checkbox"/> REG <input type="checkbox"/> EDL <input checked="" type="checkbox"/> A <input type="checkbox"/> DUP <input checked="" type="checkbox"/> B <input type="checkbox"/> DUP <input checked="" type="checkbox"/> C <input type="checkbox"/> DUP <input type="checkbox"/> D <input type="checkbox"/> DUP <input type="checkbox"/> PROV <input type="checkbox"/> DUP <input type="checkbox"/> RID <input type="checkbox"/> DUP <input type="checkbox"/> MBOP <input type="checkbox"/> DUP	RX # 1022071 TESTS PASSED <input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI <input checked="" type="checkbox"/> CRT Passed <input type="checkbox"/> RT Waived	RESTRICT/ENDORSE <input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADDRESS REMOVE	VISION <input checked="" type="checkbox"/> PASS NR <input type="checkbox"/> PASS with CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED:
INDICATORS <input type="checkbox"/> SENIOR <input type="checkbox"/> LTD MOBILITY <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> FIREARM <input type="checkbox"/> S or TC <input type="checkbox"/> VETERAN	FEES PAID APPLICATION 37.25 OTHER FEES MC \$ _____ SB PHYS \$ _____ REIN FEE \$ _____ OTHER \$ _____ ORGAN DONATION \$ _____	EDL DOCS MNDL	INVALIDATED DL #/ID / IP STATE MN Exp. 3/18

Visit dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions: 651-297-3298
License Status, available 24/7 651-284-2000
General DVS Information: 651-296-6911
TDD/TTY: 651-282-6555



Driver & Vehicle Services

(DVS USE ONLY)
 DEPT/PUBLIC SAFETY-DRVR LICENSE

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system. I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

Signature: *Liam Shaw*
 APPLICATION DATE: **073015**

THIS DOCUMENT AND IS NC

- This rec instruct
- This rec with the from th
- This re restrict
- Not crossi
- Lost, not b

addriveinfo.org
651-284-1234

Cash	36
Class B Renewal	17
Subtotal	07/30/2015
TOTAL	Torril
TOTAL TENDERED	12:02 PM
CHANGE	028573
	37.25
	40.00
	37.25
	37.25
	40.00
	2.75

Minnesota Department of Public Safety
 Driver and Vehicle Services
 445 Minnesota Street
 St. Paul, MN 55101

