

Operating Vehicle for Business Purposes Rental Car
(Please complete and return this form to rfhr@odu.edu)

Name:

UIN:

Driver's License Number:

State Issuing Driver's license:

Personal Auto Insurance Company:

Do you have any moving driving violations: Yes No

If yes, please provide the date(s) of conviction(s) and charge(s):

h0j1h02c0e0r0e0r0e0s0e0r0e0s0t0h0e0a0b0o0280.050m0h0i0w0a0e0m0j0e0r0s0a0d0.5250D0e0o0p0e0r0a0t0e0r0s0y0R0e0f0e0r0e0h0e0n0e0r0u0.