



MESSENGER REJECTION/ TRANSMITTAL SHEET

Messenger

Number: _____

APPLICANT'S NAME (LAST)

(FIRST)

(MI)

Date Submitted: _____

Date Resubmitted: _____

APPLICANT'S ADDRESS (P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.)

DRIVER'S LICENSE NUMBER

DATE OF BIRTH

I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. IF USING A MESSENGER SERVICE, I HEREBY AUTHORIZE THE DEPARTMENT TO FURNISH THEM WITH MY DRIVING RECORD FOR THE PURPOSE OF PROCESSING THIS FORM.

- OL Application
 School Bus
 Other _____
 OL Suspension
 Medical _____
 Certified Record
 Requirement Letter Only _____

X _____
APPLICANT'S SIGNATURE IN INK

FOR DEPARTMENT USE ONLY

M.S. Rep. _____

Date Sent to CDL _____

Camera Card Attached Yes

M.S. Rep. _____

Date Sent to OLL _____

Interim/Update Card Attached Yes

M.S. Rep. _____

Date Sent to Correction _____

NDR Letter Attached Yes

M.S. Rep. _____

Date Sent to Discrep. _____

Restoration Letter Attached Yes

M.S. Rep. _____

Date Sent to Medical _____

Requirement Letter Attached Yes

M.S. Rep. _____

Date Rejected (1) _____

Need Operator Number Yes

Date Rejected (2) _____

Date Returned _____

Date Rejected (3) _____

Date Returned _____

Date Returned _____

COMMENTS: