INFORMATION NEEDED TO PURCHASE A LICENSE

NAME: _____

FIRST M.I. LAST

ADDRESS: _____

_____

TELEPHONE: _____ D.O.B. _____

HEIGHT _____ WEIGHT _____ MALE/FEMALE _____

EMAIL _____

DRIVER'S LICENSE # _____

SOCIAL SECURITY # _____

This is a Federal Requirement. If you do not wish to provide this information, you may choose to get your own license online or by phone.

https://la-web.s3licensing.com/Home/Info

Fax #337-762-3791 Email brooke@hrandg.com
haley@hrandg.com
tanya@hrandg.com
customerservice@hrandg.com

Group:

Date: