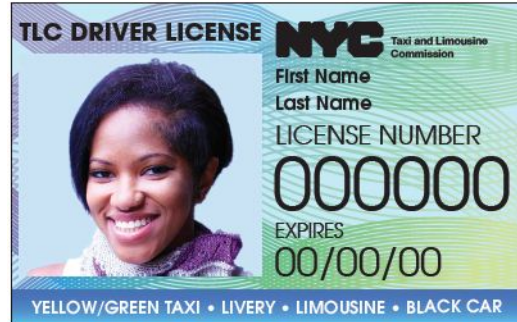




## Check Eligibility/Activation Form:

Please enter all information **exactly as it appears on your TLC issued license.**



TLC License #		Confirm TLC License #	
First Name	Last Name	Date of Birth (mm/dd/yy)	Gender
Email Address		Phone Number	
Home Address (Street)		Address Line 2	
City	State		

Please check the following:

- I authorize Drivers Benefits to send me text messages (SMS and other data rates may apply)

We will respond via email or text within 24 hours of receiving this form. **Form must be accurate to activate benefits.**

**Please mail this form to:**

Drivers Benefits  
 220 East 23<sup>rd</sup> St. Suite 605  
 New York, NY 10010

**You can also email a photo of this form to:**  
 activate@driversbenefits.org