New York State Department of Motor Vehicles
License Event Notification Service (LENS)

Add Employee
Complete the part below to add an employee to the LENS file.

Name (Last, First, Middle Initial): _____

DOB: Month _____ Day _____ Year _____   Gender: M ( ) F ( )

Driver's license number: _____   State of License: _____

Department #: _____   Employee #: _____   Effective Date: _____

(Include only those employees that have occasion to use county vehicles or claim mileage reimbursement for use of personal vehicles on county business.)

Remove Employee
Complete the part below to remove an employee from the LENS file.

Name (Last, First, Middle Initial): _____

Department #: _____   Employee #: _____   Effective Date: _____

Driver's license number: _____Reason for removal:_____

(Since the LENS requirements indicate that Warren County only submits for those employees currently driving on county business, it is important to remove employees that are no longer eligible to drive on county business, have been terminated from employment, or have retired. This form is the only notification that Self-Insurance will receive to add or remove employees.)

RETURN FORM TO SELF-INSURANCE BY: fax (x6249) or e-mail (warrencountyinsurance@warrencountyny.gov). Questions, call x6529.

FOR OFFICE USE ONLY

Entered to Excel _____   Entered to DMV LENS_____

Date_____   By_____