

//ANNUAL DRIVER'S APPLICATION//

Drivers Name _____

Driver's License Number _____ Issuing State _____ Expiration Date _____

Type of License: _____ Operators _____ Commercial (CDL) _____ Chauffer _____ Other _____

Current Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Birth Date _____ Social Security Number _____

Auto Insurance Company _____ Policy Number _____

Date of last physical _____

Describe any medical conditions that could affect your ability to safely transport students or adults:

Have you been convicted of any moving violations in the last five years? Y N

If yes, please describe each conviction: _____

Do you have any restrictions or endorsements on your driver's license? _____

If yes, please list the restrictions or endorsements: _____

Have you been involved in any motor vehicle accidents in the past five years? Y N

If yes, briefly describe each accident: _____

Have you been convicted of a DUI, or had your license suspended or revoked in the past five years? Y N

If yes, please provide complete details: _____

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Does our church have any reason for concern about your ability to be a responsible & careful driver? Y N

If yes, please briefly describe _____

SIGNATURE

My signature bears witness that the information and statements provided are true and complete. I agree to notify the church within 14 days of any changes in the above information. I authorize the church to verify all information with the Department of Motor Vehicles.

By signing, I agree to abide by all safety procedures established by the church and to obey all traffic laws.

Signature _____ Date _____

Please Print Name Clearly _____

Please attach a photocopy of both sides of your current driver's license to this form.

If you hold a CDL, please attach a copy of your current health form.

Please attach a photocopy of both sides of your current auto-insurance card.

Office Use Only:

DMV Check: Date _____ Contact _____

Approved by Insurance Company: Date _____ Contact _____

Approved to Drive: Date _____ By _____