DRIVER INFOR	RMATION SHEET	
Driver		
Name	Date of Birth	
Address	Home Phone	
	Cell Phone	
Driver's License #	Date of Expiration	
Vehicle That Will Be Used		
Name of Owner	Model of Vehicle	
Address of Owner	Make of Vehicle	
	Year of Vehicle	
License Plate #	Date of Expiration	
If more than one vehicle is to be used, the aforemer	ntioned information must be provid	ed for each vehicle.
Insurance Information		
Insurance Company	Liability Limits of Policy*	
(*Please note: The minimal, acceptable liability \$100,000/\$300,000)	limit for privately-owned vehicle	5 15
1. I have NOT had a conviction for an infractal cohol (such as driving under the influe intoxicated) in the last three years. 2. I have NOT had two or more convictions drugs or alcohol (such as driving under intoxicated) in the last seven years. 3. I have had no more than three moving vill in the last three years.	nce or driving while for an infraction involving the influence or driving while lolations or accidents	TRUE FALSE
Please be aware that as a voluntee Certification	er driver, your insuranc	e is primary.
Cerungation		
I certify that the information given on the my knowledge. I understand driving responsibility and I will exercise extremal understand that as a volunteer driver, I a valid driver's license, have the pregistration, and have the required instrused to transport students. I agree that any other electronic device while operate	ng for Church ministry ne care and due diligence i must be 21 years of age or roper and current licens urance coverage in effect at I will refrain from using	is a profound while driving. I older, possess e and vehicle on any vehicle
Signature		ate