

Driver

Name _____ Date of Birth _____
 Address _____ Home phone # _____
 _____ Cell phone # _____
 Drivers 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 # _____ Registration Expiration Date _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____
 Policy # _____
 Date of Policy Expiration _____
 Liability Limits of Policy* _____

*Please note: The minimal, acceptable limit for privately-owned vehicles its \$100,000/\$300,000.

Accident Record for Past 3 Years (Attach Sheet If More Space is Needed.)

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Past accident:			
Next previous:			

Traffic Convictions and Forfeitures For the Past 3 Years (Other Than Parking Violations)

Location (City & State)	Date	Charge	Penalty

Certification

I certify that the information given on this form is true and correct to the best of my ability. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature

Date

Please keep this form on file at the parish or school for four years.