

Driver Application

Regular Driver

Occasional Driver

Date	
Church Name	
Name (as on driver's license)	Employee <input type="checkbox"/> Volunteer <input type="checkbox"/>
Job title Or Position	
Driver Address (street, city, ZIP)	
Phone number	

Driver's license type		CDL <input type="checkbox"/>	Operator <input type="checkbox"/>	Other <input type="checkbox"/>
Driver's license number:		Expiration:		
DL State:		Date of birth:		
Do you have a personal auto insurance policy currently in force?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Driving Record - List all accidents and traffic convictions during the past three years:
(Please List ONLY Those That Would Appear On Your Driving Record)

Dates	Nature of Accident/Traffic Conviction
1)	
2)	
3)	
4)	

Past Experience and/or training that qualifies applicant for operation of vehicle on church or school business:

Dates	Experience/ Training
1)	
2)	
3)	
4)	

IMPORTANT → Attach a copy of driver's license.

I certify that the above information is accurate to the best of my knowledge, and I have not knowingly excluded or misrepresented any information.

SignatureDate