

Effective year \_\_\_\_\_

Driver's name \_\_\_\_\_  
Last First MI

Driver's license number \_\_\_\_\_

State of Issue \_\_\_\_\_ Expiration date \_\_\_\_\_

Current address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date \_\_\_\_\_

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- Type of license
- Operators
  - Commercial (CDL)
  - Chauffer
  - Other (please specify)

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

Date of your last physical \_\_\_\_\_

List any medications you currently take that could potentially impair driving ability.

If you hold a CDL, please attach a copy of your current health form.  
Please describe driver training that you have received:

Have you been convicted of any moving violations in the last five years?  
 Yes  No If yes, please describe each conviction.

Do you have any restrictions or endorsements on your driver's license?  
 Yes  No If yes, please list those restrictions or endorsements.

Have you been involved in any motor vehicle accidents in the last seven years?  
 Yes  No If yes, please give the date and briefly describe each accident.

Have you been convicted of a DUI, or had your license revoked or suspended in the past 10 years?  
 Yes       No      If yes, please provide complete details.

Do you carry personal auto insurance?  
 Yes       No      If yes, please identify the insurance company and policy number.

Do you carry a minimum of \$300,000 bodily injury liability coverage?  
 Yes       No

Does our church or ministry have any reason to be concerned about your ability to be a responsible and careful driver?  
 Yes       No      If yes, please briefly describe.

*I certify that all the information on this application is truthful and completely accurate. I agree to notify the church within 14 days of any changes in any of the above information. I authorize the church to verify this information with the Department of Motor Vehicles and to check references on my driving. I understand that false statements on this application will constitute grounds for immediate dismissal.*

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name clearly \_\_\_\_\_

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

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**Office Use Only**

DMV check     Yes     No    Date \_\_\_\_\_

Contact name \_\_\_\_\_

Cleared with insurance company     Yes     No    Date \_\_\_\_\_

Contact name \_\_\_\_\_

Approved to drive

Date \_\_\_\_\_