

School/Parish:

rev. 05.2024

DRIVER INFORMATION This form must be completed and returned to the Parish/School listed above by each driver and for each vehicle the driver may use.			
Driver:			
Name	Date o	Date of Birth	
Address	City	State	
Driver's License #	Date of Expiration	Phone #	
Vehicle Driver Will Use:			
Name of Owner			
Address of Owner	City	State	
Make of Vehicle	Model of Vehicle		
Year of Vehicle Registration Ex	piration Date License P	'late #	
Insurance Information:			
When using a privately-owned vehicle, the insu Insurance Company			
Policy #	Date of Policy Expiration		
Liability Limits of Policy*			
Please note: As a volunteer driver, your polimit for privately owned vehicles in the Stathe State of Oklahoma minimum insurance requirements may be increased in the future	ersonal insurance carrier is the primary te of Oklahoma is \$100,000/\$300,000/\$10 e. Drivers are encouraged to carry insura	insurer. The minimal acceptable liability 0,000. Drivers must verify that they have	
Certification: I certify to the above-named Parish/School tha I am 21 years of age or older and possess a va will use is in good condition, has the proper a effect on any vehicle used to transport students	lid driver's license. I further represent and cand current license and vehicle registration,	certify to the Parish/School that the vehicle I	
Signature	Date S	signed ("Effective Date")	

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