Diocese of Superior — Driver Information Sheet

Driver

Name _____ Date of Birth _____

Address _____ Home phone #_____

_____ Cell phone # _____

Driver 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 is $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.