

DRIVER INFORMATION FORM (To be updated every 3 years)

To be completed by anyone who wishes to drive a church owned or hired vehicle or their own vehicle on church sponsored activities.

Name of Driver: _____ Date: _____

Address: _____

Contact Phone: _____ Age: _____

Driver's License # _____ State: _____ Expiration Date: _____

CDL License # _____ Years of Driving Experience: _____

AUTOMOBILE LIABILITY INSURANCE:

Company Name: _____

Policy No. _____

Policy Expiration Date: _____

Moving traffic violations (whether dismissed through defensive driving or deferred adjudication) received within the last five (5) years.

Date:	Violation:	Disposition
_____	_____	_____
_____	_____	_____

Automobile accidents within the last five (5) years (regardless of fault).

Date:	Violation	Disposition
_____	_____	_____
_____	_____	_____

I affirm that to the best of my knowledge the information above is true and correct. I understand that my permission to drive a church owned or hired vehicle may be withdrawn at any time based on insurance company notifications and requirements.

Signature: _____ Date: _____