

LWUMC Driver Information Sheet

DRIVER INFORMATION

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Phone #: (____)____ - _____

Driver's License #: _____ Exp. Date: ____/____/____

VEHICLES BEING OPERATED

1. Name of Owner: _____

Address of Owner (if different that above): _____

City: _____ State: _____

Model, Make and Year of Vehicle: _____

License Plate #: _____

2. Name of Owner: _____

Address of Owner (if different that above): _____

City: _____ State: _____

Model, Make and Year of Vehicle: _____

License Plate #: _____

INSURANCE

Insurance Company: _____

Policy #: _____ Exp. Date: ____/____/____

CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. 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 coverage in effect on any vehicle used to transport students.

Signature: _____ Date: ____/____/____