

DRIVER INFORMATION FORM
Private Passenger Car

Driver is required to be at least 25 years of age.

Name of Driver: _____ Date of Birth: _____

Address: _____

Do you currently hold more than one driver's license? _____

1. Have you ever been denied, had revoked or suspended, any license, permit, or privilege to operate a motor vehicle? _____

(If you answered yes to the above questions, attach a statement giving details).

2. List traffic convictions and forfeitures for past three (3) years:

Locations (city and state)	Date	Charge
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3. List accident record for past three (3) years:

Date	City and State	Nature of Accident
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4. Have you ever been convicted of anything other than a traffic violations? _____

(If yes, explain.)

I certify that I am at present legally allowed to operate a motor vehicle in the State of Missouri and that I have no illness, injury, or condition that would affect my driving. Also, I will not drive if under the influence of any drug or prescription medication which could affect my driving ability. Furthermore, I will abide by the following rules and others as specified by the Diocese of Jefferson City Representative:

- Require the use of seat belts of all passengers
- No passengers under age 12 exposed to air bags (and as recommended by the car maker)
- Stay within posted speed limits and obey all traffic laws
- Stay on the assigned route and Do Not Stray

Signed: _____ Date: _____

*The Diocese of Jefferson City does not provide insurance coverage for private passenger vehicles.
The driver's own coverage will apply in any and all instances.*

This form must be accompanied by:

- Copy the Driver's License
- Copy the Driver's personal insurance card

***PLEASE RETURN TO THE SCHOOL OFFICE**