

DRIVER INFORMATION FORM Private Passenger Car

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

Name of Driver: _____ Date of Birth: _____

Address: _____

1. Do you currently hold more than one driver's license? _____
2. 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 question, attach a statement giving details).

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

Location (city and state)	Date	Charge
---------------------------	------	--------

4. List accident record for past three (3) years.

Date	City and State	Nature of Accident
------	----------------	--------------------

5. Have you ever been convicted of anything other than a traffic violation? _____
(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.

- a. Require the use of seat belts of all passengers
- b. No passengers under age 12 exposed to air bags (and as recommended by the car maker)
- c. Stay within posted speed limits and obey all traffic laws
- d. 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.

Instructions for School Authority

- Copy the Driver's License
- Copy the Driver's personal insurance card
- Keep both on file in the School Office
- Give the driver a copy of this form, keep original in file.