

DIOCESE OF PENSACOLA-TALLAHASSEE DRIVER INFORMATION SHEET

ALL DRIVERS MUST BE ATLEAST 21 YEARS OF AGE AND HAVE A VALID DRIVER'S LICENSE, VEHICLE REGISTRATION AND VEHICLE INSURANCE

A CLEAR COPY OF DRIVER'S LICENSE MUST ACCOMPANY THIS FORM IN ORDER TO PROCESS.

Please Print Clearly

Full Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Driver's License Number _____

State License Issued By: _____ Date of Expiration: _____

List site name for which you will be driving: _____

MUST PROVIDE PHOTOCOPY OF CERTIFICATE OF INSURANCE /VERIFICATION OF COVERAGE FROM INSURANCE PROVIDER.

Please Note: The minimal acceptable liability limit for privately owned vehicles is \$100,000/\$300,000.

CERTIFICATION and PERMISSION

I certify that the above information is correct and accurate to the best of my knowledge and ability.

I understand that in order to provide transportation for any diocesan, school, youth group or parish related activities, I must be at least 21 years of age and possess a valid driver's license, vehicle registration and required insurance coverage. I understand that when providing transportation for minors, I am acting as an adult chaperone, and will conduct myself accordingly with respect to the expectations and guidelines of the Diocese of Pensacola-Tallahassee.

I am aware that consumer and motor vehicle reports may be obtained as part of the Diocese of Pensacola-Tallahassee's evaluation before being able to drive for an event. The reports may be procured by the diocese or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program, or other consumer reports.

By signing this letter, I hereby provide my authorization for the Diocese of Pensacola-Tallahassee or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Signature: _____ **Date:** _____

Signed form, copy of driver's license and Certificate of Coverage must be returned to front office.

Office Use only:

Date Received: _____

Date Approved: _____ Non-Approved: _____