

# DRIVER INFORMATION FORM

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_  Yes, I'm 21 years or older

Make of Car: \_\_\_\_\_

Model of Car: \_\_\_\_\_ Year: \_\_\_\_\_

Number of passengers with seatbelts this vehicle may carry: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Automobile Insurance Carrier: \_\_\_\_\_

Automobile Insurance Policy Number: \_\_\_\_\_

## Driving Record for the last three (3) years:

A) TICKETS (dates & description) If none, write none.

B) ACCIDENTS (dates & description) If none, write none.

**To the best of my knowledge, the above information is correct.**

Because I desire to be a living testimony among the students, I covenant with the other drivers to obey all traffic laws (seat belts, speed limits, etc.)

\_\_\_\_\_  
(Signature) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Date)