DRIVER REGISTRATION FORM

Name _____ Home Phone _____

Address _____
street city state zip

NYS Drivers License # _____

VEHICLE; Vehicle to be used by volunteer for ministry

Year: _____ Make: _____ Model: _____

Do you own vehicle? ☐ yes ☐ no

INSURANCE:
When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering a specific vehicle.

Insurance Company:_____

Policy # _____

Date of Policy Expiration _____

Liability Limits of Policyl

List and describe serious accidents or moving violation in the past five years.

_____ I agree that I will not allow smoking when children/youth are present in my vehicle.

_____ I agree that all passengers in the vehicle must wear seat belts, according to New York State Law.

CERTIFICATION

I certify that the information given on this form is true and correct of 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 insurance coverage in effect on any vehicle used to transport youth.

_____ _____/_____/_____

Signature Date

(please attach a copy of your driver's license and insurance)

9/2006