



ARCHDIOCESE OF SEATTLE
 710 Ninth Avenue
 Seattle, WA 98104

DRIVER INFORMATION SHEET

I. DRIVER

Name: _____
 Address: _____

 Driver's License #: _____

Date of Birth: _____
 Social Security #: _____
 Phone #: _____
 Date of expiration: _____

II. VEHICLE THAT WILL BE USED

Name of owner: _____
 Address of owner: _____

 License Plate #: _____
 Registration exp. date: _____

Model of vehicle: _____
 Make of vehicle: _____
 Year of vehicle: _____
 Date of expiration: _____

III. INSURANCE INFORMATION

(A privately-owned vehicle is covered by its own insurance policy.)

Insurance company: _____
 Policy #: _____
 Date of policy expiration: _____
 Liability limits of policy*: _____

*Note: The minimal acceptable liability limit for privately-owned vehicles is \$100,000 per person/\$300,000 per occurrence.

IV. CERTIFICATION

I certify that the information given on this form is accurate to the best of my knowledge. I understand that as a volunteer driver, I must be at least 21 years of age, possess a valid Washington State driver's license, have the current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport youth.

 Signature

 Date

** Please return this form to the parish leader of this event.