

Appendix X



THE ROMAN CATHOLIC DIOCESE OF PHOENIX DRIVER INFORMATION FORM

(Please Type or Print)

DRIVER INFORMATION			
Driver Last Name:	First Name:	Middle Initial	Date of Birth
Street address:	City:	State:	Zip Code:
Phone #:	Drivers License #:	State:	Expiration Date:

VEHICLE INFORMATION			
Name of Owner:			
Owner Street address:	City:	State:	Zip Code:
License Plate #:	State:	Date of Expiration:	
Model of Vehicle:	Make of Vehicle:	Year of Vehicle:	

If more than one vehicle is to be used, the above information must be provided for each vehicle.

INSURANCE INFORMATION		
When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.		
Insurance Company:	Policy #:	Date of Expiration:
Liability Limits of Policy*:		

**Please Note: The minimum acceptable limits for privately owned vehicles are \$100,000/\$300,000.*

CERTIFICATION	
I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older. I must be 25 years of age or older to transport minors. I must 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.	
_____ <i>Signature</i>	_____ <i>Date</i>