DRIVER INFORMATION FORM

To be completed if you intend to drive any student athlete, aside from yours, to/from an event.

Driver	
Name	Date of Birth
Address	Social Security#
	Phone # Date of Expiration
Driver's License #	Date of Expiration
	Vehicle That Will Be Used
Name of Owner	Model of Vehicle
Address of Owner	Make of Vehicle
	Year of Vehicle
License Plate#	Date of Expiration
Registration Expiration date	
If more than one vehicle is to be used	d, the aforementioned information must be provided for each vehicle.
covering that specific vehicle.	<i>Insurance Information</i> le, the insurance coverage is the limit of the insurance policy
Insurance Company	Policy #
Date of Policy Expiration	Liability Limits of Policy*
(*Please note: The minimal, acceptable l	iability limit for privately-owned vehicles is \$100,000/\$300,000)
	our students or other members of the parish and those we serve, we all accidents or moving violations they have had in the past five
	river, your insurance is primary. There is a policy that would offer a claim exceed the limits of your policy.

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 25 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, have watched the Catholic Mutual driver video (http://catholicmutual.org), and have the required insurance coverage in effect on any vehicle used to transport students.

Date