DRIVER INFORMATION FORM
Private Passenger Car

Driver is required to be at least 25 years of age.

Name of Driver: _____ Date of Birth: _____

Address: _____

1. Do you currently hold more than one driver's license? _____
2. Have you ever been denied, had revoked or suspended, any license, permit, or privilege to operate a motor vehicle? _____ (If you answered yes to this question, attach a statement giving details.)
3. List traffic convictions and forfeitures for the past three (3) years.

Location (City/State)	Date	Charge

4. List accident record for the past three (3) years.

Date	City/State	Nature of Accident

5. Have you ever been convicted of anything other than a traffic violation? _____

If yes, explain: _____

_____

I certify that I am at present legally allowed to operate a motor vehicle in the State of Missouri and that I have no illness, injury, or condition that would affect my driving. Also, I will not drive if under the influence of any drug or prescription medication that could affect my driving ability. Furthermore, I will abide by the following rules and others as specified by the Diocese of Jefferson City Parish/School Representative.
   a. Require the use of seat belts of all passengers.
   b. No passengers under age 12 exposed to air bags (and as recommended by the car manufacturer).
   c. Stay within the posted speed limits and obey all traffic laws.
   d. Stay on the assigned route and DO NOT STRAY.

Signed: _____ Date: _____

I can transport _____# of students. I understand each student needs to have a seatbelt.

The Diocese of Jefferson City does not provide insurance coverage for private passenger vehicles. The driver's own coverage will apply in any and all instances.

Instructions for School Authority
- Copy the Driver's License.
- Copy the Driver's person insurance card.
- Keep both on file in the School Office.
- Give the driver a copy of this form (keep original in file).