

Appendix IX

THE ROMAN CATHOLIC DIOCESE OF GALLUP

DRIVER INFORMATION FORM

(Please Type or Print)

DRIVER INFORMATION			
Driver Last Name	First Name	Middle Initial	Date of Birth
Mailing/Physical Address	City	State	Zip Code
Home Phone# Cell Phone#	Driver's License#	State	Expiration Date

VEHICLE INFORMATION			
Name of Owner			
Owner Mailing/Physical Address (if different from above)	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.

**A copy of the active auto policy should be attached confirming the liability limits.

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.	
_____ Signature	_____ Date