

Diocese of San Jose Driver Information Sheet

I.	<u>Driver:</u>	□ Employee	□ Volunteer
	Name:		Date of Birth:
	Address:		
	Drivers Lic	ense #:	Date of Expiration:
_ ,	-	ctions? □ Yes □ No	
Expla	ain:		
II.	Vehicle that will be used:		
	Name of Owner:		
	Address of	Owner:	
			Year of Vehicle:
	License Pla	nte #:	# of Seatbelts Available
III.	Insurance Information		
	Policy Num Date of Pol Liability lin *Please no	nber: icy Expiration: nits of policy*:	res that drivers maintain minimum automobile 50,000.
IV.	<u>Certificati</u>	Certification	
knov posse regis beha	vledge. I und ess a valid dr tration and h lf of the <i>Sant</i>	erstand that as a volur iver's license, have the ave the required insur	nis form is true and correct to the best of my inteer driver, I must be 25 years of age or older, is proper and current license and vehicle rance coverage in effect on any vehicle used on other understand and authorize above mentioned they deem necessary.
Signature			Date

Thank you for providing this information

Please attach a current copy of your driver's license.