

DIOCESE OF PENSACOLA-TALLAHASSEE DRIVER INFORMATION SHEET

ALL DRIVERS MUST BE AT LEAST 21 YEARS OF AGE AND HAVE A VALID DRIVERS' LICENSE,
VEHICLE REGISTRATION AND VEHICLE INSURANCE

DRIVER INFORMATION *Please Print*

Full Name _____ Date of Birth _____
Street Address _____ City _____ State _____ Zip Code _____
Phone Number(s) _____ Social Security Number _____
Driver's License Number _____ State License Issued By _____ Date of Expiration _____
Parish/School/Catholic Charities _____

VEHICLE INFORMATION

Name of Owner _____ License Plate Number _____ Expiration _____
Address _____ City _____ Zip Code _____
Year of Vehicle _____ Make of Vehicle _____ Model of Vehicle _____

INSURANCE INFORMATION

Insurance Company _____
Address & Phone Number _____
Policy Number _____ Expiration Date _____ Liability Limits on Policy _____

(Please Note: The minimal acceptable liability limit for privately owned vehicles is \$100,000 / \$300,000.)

CERTIFICATION and PERMISSION

I certify that the above information is correct and accurate to the best of my knowledge and ability.

I understand that in order to provide transportation for any diocesan, school, youth group or parish related activities, I must be at least 21 years of age and possess a valid driver's license, vehicle registration and required insurance coverage. I understand that when providing transportation for minors, I am acting as an adult chaperone, and will conduct myself accordingly with respect to the expectations and guidelines of the Diocese of Pensacola-Tallahassee.

I am aware that consumer and motor vehicle reports may be obtained as part of the Diocese of Pensacola-Tallahassee's evaluation before being able to drive for an event. The reports may be procured by the diocese or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program, or other consumer reports.

By signing this letter, I hereby provide my authorization for the Diocese of Pensacola-Tallahassee or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Signature _____ Date _____

**Signed form and copy of driver's license must be returned with \$10.00 payment to
Diocese of Pensacola-Tallahassee: Human Resource Department
11 North B Street, Pensacola, FL 32502**

Office Use only: Date Received _____ Payment _____ By _____
Date Processed _____ By _____