

ROMAN CATHOLIC DIOCESE OF BURLINGTON

Office of Youth and Young Adult Ministry

Fifty-five Joy Drive South Burlington, Vermont 05403 (802) 658-6110

DRIVER INFORMATION SHEET

DRIVER:				
Name:	me: Date of Birth:			
(Exactly as listed o	n driver's license)			
Address:	City:	State:	Zip:	
Phone Number:	Driver's	Driver's License Number:		
State issuing driver's license:	Date of	Date of Expiration:		
INCLUDE A COPY OF YOUR	DRIVERS LICENSE			
VEHICLE THAT WILL BE US	ED: 11-15 passenger vans are N	NOT allowed per dioces	san policy	
Name of Owner:	Address	Address:		
Year of Vehicle:	Make of Vehicle:	Model:		
License Plate Number:	Date of Expiration:			
If more than one vehicle is to be	used, the aforementioned inform	nation must be provide	ed for each vehicle.	
INSURANCE INFORMATION	:			
When using a privately-owned veh	nicle, the insurance coverage is the	e insurance policy cover	ring that specific vehicle.	
INCLUDE A COPY OF YOUR	PROOF OF INSURANCE ANI	D <u>POLICY DECLAR</u> A	ATIONS PAGE	
Insurance Company:	Policy l	Number:		
Date of Policy Expiration:				
			000/\$100,000 combined single limit is and property damage be maintained.	
CERTIFICATION:				
I certify that the information given driver, I must be 25 years of age or registration, and have the required	r older, possess a valid driver's lic	ense, and have the prop		
(Signature)		(Date)		