

Conference or Institution _____

PLEASE COMPLETE ALL BLANKS

DRIVER _____ BIRTH DATE _____
Last First Middle Mo/Day/Year

DRIVER'S LICENSE # _____ SS# _____ STATE LICENSE IN _____

HOME ADDRESS _____
City State Zip Code

WHAT OTHER STATE HAVE YOU HAD A DRIVER'S LICENSE IN THE LAST 3 YEARS _____
SDA ENTITY YOU DRIVE FOR (Conference or Institution) _____

TYPE OF VEHICLE YOU DRIVE FOR DENOMINATION: [] Utility [] School Bus [] Auto [] Semi-
Tractor [] Church Van [] Other (Explain) _____

NUMBER OF YEARS DRIVING EXPERIENCE IN THIS TYPE OF VEHICLE: _____
NUMBER OF MILES DRIVEN ANNUALLY: _____

PLEASE LIST ALL CITATIONS AND ANY ACCIDENTS IN THE LAST THREE YEARS. GIVE THE DATES, DETAILS AND LOCATION OF EACH CITATION AND/OR ACCIDENT.

I hereby authorize Risk Management Services, Inc., to obtain my Motor Vehicle Operating Record. In the event of a sub-standard record, I understand Risk Management Services, Inc., may notify my employer. Otherwise, the information is kept confidential.

Signature Date

MVR ORDERED _____ NUMBER OF ACCIDENTS _____
NUMBER OF CITATIONS _____ NOTIFIED R. M. _____

Signature (Field Services Representative)

Remarks:

