

# Centreville Presbyterian Church Driver Application Form

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_/\_\_/\_\_

License Restrictions: \_\_\_\_\_

CPC Driving Policy: *Drivers must be at least 25 years old and no more than 70 years old, with no more than 1 moving violation in the prior 3 years. Drivers with DUI or reckless driving infractions are ineligible to drive church vehicles.*

Driving Record:

Has your driver's license been suspended, revoked or restricted? **Yes** \_\_\_ **No** \_\_\_

**If Yes, please provide details:**

Have you had a moving violation in the past 3 years? **Yes** \_\_\_ **No** \_\_\_

**If Yes, please provide details:**

Has any insurer cancelled your personal auto insurance policy? **Yes** \_\_\_ **No** \_\_\_

**If Yes, please provide details:**

Do you suffer from any physical impairment other than the use of corrective lenses? **Yes** \_\_\_ **No** \_\_\_

**If Yes, please provide details:**

**Attach a copy (both sides) of your current valid driver's license to this application.**

I, the undersigned, certify that the information herein provided is true and complete to the best of my knowledge and that I have made no false, misleading or erroneous statements. I understand that this information will be provided to CPC's insurance carrier or to municipal authorities upon request. I have read the CPC policy on Vehicle use (on reverse) and agree to abide with it. Subsequently, if I do not feel that I can carry out my driving responsibilities in a satisfactory manner, I will voluntarily notify CPC's Facility Manager to have my name removed from the CPC drivers list.

Signature of Applicant: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Approved: **Yes** \_\_\_ **No** \_\_\_ If approved, **expiration date:** \_\_/\_\_/\_\_

Authorized CPC Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Driver Record checked via insurer: **Yes** \_\_\_ **No** \_\_\_ Date: \_\_/\_\_/\_\_