

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: Date of Birth: (Exactly as listed on driver's license)						
Address:	City:		State:	Zip:	_	
Phone Number:		Driver's License N	umber:		_	
State issuing driver's license:		Date of Expiration:				
INCLUDE A COPY OF YOUR	DRIVERS LICENSE					
VEHICLE THAT WILL BE US	ED:					
Name of Owner:	Address:				_	
Year of Vehicle:	Make of Vehicle:		Model:			
License Plate Number:		Date of Expiratio	n:			
If more than one vehicle is to be	used, the aforemention	ed information mu	st be provide	ed for each vehicle.		
INSURANCE INFORMATION When using a privately-owned veh INCLUDE A COPY OF YOUR	nicle, the insurance cover					
Insurance Company:	ance Company: Policy Number:					
Date of Policy Expiration:						
Liability Limits on Policy*:*Note: The minimal acceptable lia acceptable. It is preferred that a \$5	bility limit for privately o	owned vehicles is 10			_	
CERTIFICATION:						
I certify that the information given driver, I must be 23 years of age or registration, and have the required at least 25 to drive a rental vehicle	r older, possess a valid dr insurance coverage in ef	river's license, and h	ave the prope	er and current license and v	vehicle	
(Signature)			(Data)			