FORM E FIELD TRIP DRIVER INFORMATION FORM (driver/vehicle owner)

Thank you for your interest in transporting students on a school/parish/youth ministry sponsored trip. We must ensure that that personal liability coverage and the safety of children is in place before approval is granted. This statement is required when a person drives a vehicle carrying students on a school, parish, or youth ministry sponsored trip.

Parish	School		
Driver:			
Name Date of Birth		of Birth	
Address Cell Phone #			
Driver's License #		Date of Expiration	
Vehicle that will be used:			
Owner of Vehicle Address			
Make/Model/Year of Vehicle			_
License Plate #	Expiration	Registration Expiration Date_	-
Insurance Information:			
Insurance Company			
Policy #	Policy Exp	viration Date	
Liability Limits of Policy**			
**Please note: The minimal acce	eptable liability limi	it for privately-owned vehicles is \$100,000/\$3	300,000/50,000
influence pending. I have not hat DMV point charged against my of I understand that my own automolimits will be in effect pursuant to	d more than one modriving record. Sobile liability coverate o section 2 of the Sa	ay driving under the influence charge. I do no oving violation within the past two years. I do age is the prime coverage in case of an accideralina Catholic Diocese use of Private Cars for nediately of any material change in the above in	o not have more than one nt. Coverage and minimum Transporting Students. It
Certification:			
volunteer driver, I must be 25 years	ars of age or older, p	ue and correct to the best of my knowledge. I possess a valid driver's license, have the propin effect on any vehicle used to transport the contract of the co	er and current license and
Driver Signatu	re	Date	
School/Parish Administrator		Date	