

# School Vehicle Driver's Information Form

Please fill in all sections to drive a school vehicle. A copy of your driver's license must accompany this form.

Last Name	
First Name	
Middle Name	
Date of Birth	
Driver's License Number	
State of Issue	
Driver's License Expiration Date	
Commercial Vehicle Endorsement	<input type="checkbox"/> No <input type="checkbox"/> Yes Endorsement: _____
Restrictions ( <i>If license has a restriction mark yes and explain.</i> )	
Years of Experience Driving	
Number of Minor Violations within last 3 years.	
Number of Major Violations ( <i>Reckless driving, excessive speed, DUI, and/or fleeing an accident.</i> )	
Number of NOT at fault accidents within the last 3 years	
Number of At- Fault accidents within the last 3 years	
Role with the School ( <i>Teacher, Staff, Coach, Parent, etc.</i> )	
Comments	
Signature	
Date	

*New forms are required yearly.*