

<i>Driver Information</i>					
First Name		Last Name			
Address					
City		State		Zip Code	
Cell Phone		Home Phone			
Date of Birth		Email Address			
Driver's License Number			Expiration date		
ATTACH A COPY OF CURRENT DRIVERS LICENSE WHEN SUBMITTING THIS FORM.					
<input type="checkbox"/> I have received a copy of the Van Policy & Procedures and will abide by the rules <input type="checkbox"/> I will return the van keys when I am no longer a van driver for Lowery Creek.					
COMMENTS (Explain any conditions that would eliminate or restrict you as a van driver)					

SIGNATURE: _____

DATE: _____

FOR VAN COMMITTEE USE ONLY		
<input type="checkbox"/> Van Committee Approved	Date	
<input type="checkbox"/> Submitted to Insurance Carrier	<input type="checkbox"/> Driver Approved by Insurance Carrier	