

Driver Application

Name: (Exactly as it appears on license) _____

Phone Numbers: h) _____ c) _____ DOB: _____ Age _____

HomeAddress: _____ City: _____

State: _____ Zip: _____ Married: Yes or No (circle one) SSN: _____

License # _____ Class _____ State _____ Expiration: _____

Number of tickets in the last 3 Years _____ Number of at fault accidents in the last 3 years _____

Driving History

Any license suspended? _____ Yes _____ No Any license revoked? _____ Yes _____ No

Please list below any vehicle or traffic law tickets, convictions, violations recorded on your driver's license in the past 3 years. List approximate date(s) and describe each:

Please list below any at fault accidents recorded on your driver's license in the past 3 years. Provide an approximate date and describe the accident(s), noting whether you were driving and charged with the accident and whether anyone was injured:

Do you have auto insurance? Yes _____ No _____

Insurance Agents Name _____ Phone # _____

Insurance Carrier: _____ Phone # _____ Exp. Date: _____

Policy Number: _____ Limits of Liability: _____

Check the vehicles you have driven in the past:

____ Box Truck ____ Passenger Van (12 or more persons) ____ Tractor Trailer
____ Heavy Truck ____ Bus ____ Experience Towing Trailers

Do you drive: ____ Automatic transmission ____ Standard transmission ____ Both

Do you have a current commercial driver's license? ____ Yes ____ No Years of experience _____

Have you ever attended a traffic safety course? ____ Yes ____ No Date: _____

Have you ever been convicted of a criminal offense? ____ Yes ____ No

Provide the date of and description of each conviction: _____

Are you aware of any condition that may affect your vision, hearing, perception, reflexes, flexibility, or judgment? ____ Yes ____ No

If yes, please describe: _____

Do you take any medications that warn against driving/operating equip.? ____ Yes ____ No

If yes, please list: _____

I warrant that I completed this application and that the above information is true and accurate to the best of my knowledge. I authorize any investigation of all statements herein and release POWER Ministry and its agents from liability in connection with any such investigation. I also authorize POWER Ministry or its insurance agents to obtain a copy of my Motor Vehicle Report/Driving Record and to discuss my auto insurance policy with my insurance agent should the need arise. I understand that untrue, misleading, or omitted information herein may result in my being prohibited from driving while on any POWER Ministry related event, regardless of the time of discovery by POWER Ministry. I agree to read POWER Ministry's Driver Policies Handbook and abide by the policies and procedures therein. I also agree to inform POWER Ministry of any moving violations or at-fault accidents that occur after my completion of this application.

I have read, I understand and agree to each of the disclosures, authorizations, directions and indemnifications. My typed name below shall have the same force and effect as my written signature.

Typed Name _____

Date: _____

Form must be completed at time of registration and electronically filed. If you experience difficulty in filing electronically, print completed form and mail along with a copy of your Driver's License and proof of insurance to: POWER Ministry, P.O. Box 56377, Riverside, CA 92517.