

**DIOCESE OF FORT WORTH  
EMPLOYEE DRIVER INFORMATION SHEET**

**Driver**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Driver's License # \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Phone # \_\_\_\_\_  
Date of Expiration \_\_\_\_\_

**Vehicle That Will Be Used:**

Registered Owner \_\_\_\_\_  
Address of Owner \_\_\_\_\_  
License Plate # \_\_\_\_\_  
Inspection Expiration \_\_\_\_\_

Model of Vehicle \_\_\_\_\_  
Make of Vehicle \_\_\_\_\_  
Registration Expiration \_\_\_\_\_

(If more than one vehicle is to be used, please provide the information for each vehicle on a separate sheet of paper.)

If you are not the registered owner of the vehicle/s you will be using, do you have the owner's permission to drive the vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

To the best of your knowledge, is the vehicle in good working order and is it properly maintained (oil changes, brakes checked, tires checked, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Insurance Information**

Insurance Company Name \_\_\_\_\_  
Policy # \_\_\_\_\_  
Date of Expiration \_\_\_\_\_  
Liability Limits of Policy\* \_\_\_\_\_

\*The minimum acceptable limits for liability is \$100,000/\$300,000/\$25,000

**CERTIFICATION**

Have you had any accidents or moving violations in the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please specify, including date \_\_\_\_\_  
\_\_\_\_\_

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that I must possess a valid driver's license, have the proper and current registration and license for my vehicle, have a current state vehicle inspection and have the required insurance coverage in effect on any vehicle used for business purposes. I also understand that if I am under 21 years of age, I may not transport anyone under the age of 18 in my vehicle when being used on parish/school/agency/diocesan business.

Signature \_\_\_\_\_

Date \_\_\_\_\_