First United Methodist Church
Graham, NC

Application for Permit to Operate Church Van

Van Driver Information

_____ _____ _____
First Name Middle Name Last Name

Date of Birth: _____ Social Security Number: _____
(The information on this line is required to obtain official driving record from DMV.)

Address: _____

_____

Telephone Number: _____

Driving Record

Driver's License Number: _____State of Issue: _____

Personal Auto Insurance Co: _____

Occupation: _____

Accidents in last 3 years: _____

Moving Violations in last 3 years: _____

Are you impaired? YES [ ] NO [ ]

Do you have any license restrictions? YES [ ] NO [ ]

Years of driving experience: _____

Note to Applicant
Your signature below acknowledges that you give permission for the Church to check your driving record.

_____
Signature of applicant Date

_____
Approved by Date

Revised by Board of Directors 21 June 2016