COMMUNITY SERVICE VAN PROGRAM

DRIVER APPROVAL REQUEST

1.	1. DRIVER'S NAME: PHONE:	
2.	2. AGENCY:PHONE:	
	This person is: ☐ a paid employee ☐ a volunteer	
3.	3. DATE OF BIRTH: 4. SOC. SEC. #	
5.	5. MI DRIVER'S LICENSE : License Number: Expiration Date:	
	License Type Held: ☐CDL ☐ Chauffeur ☐ Other	
	License Class: ☐ A ☐ B ☐ C Endorsements:	
6.	6. YEARS OF EXPERIENCE DRIVING FULL SIZE VAN:	
Th	The following is a list of violations that are on my Driving License Record:	
	☐ I am aware of a condition that may limit or restrict my ability to drive. Please explain:	_
	☐ I have four (4) or less points on my Driver's License.	
	 In the last five (5) years I have not been convicted of any of the following: a felony resulting from the use of a motor vehicle; operation of a motor vehicle while under the influence of alcohol or a controlled su operation of a vehicle in a reckless manner; exceeding the lawful maximum speed by more than 15 miles per hour. 	ıbstance;
kn the <u>be</u>	All of the above information and certifications are accurate and true to the best of machine knowledge, and I hereby authorize the City of Kalamazoo to verify my Driver's License Restate Michigan Secretary of State Office. *NOTE: "All Criminal History Backgrounds and Driving Restate Project of the Metro Transit's Risk Management Team and your eligibility is subject to determination".	cord with ecords will
Αį	Applicant Signature: Date:	
op C r	This information is requested for authorization to operate the Community Service Van, and for in operator under the current Van Insurance Policy. <i>Please complete, sign, date and send this cer Criminal History Background; along with a copy of your Driver's License, Driving Record (of Secretary of State), and an Agency Endorsement to:</i>	tification and
(CCTA Community Service Van Program	TRO
	530 N. Rose Street Kalamazoo, MI 49007 269-337-8087 www.kmetro.com	NSIT

(Yvonne Thrash, Deputy Director of Operations)

Date:

Approved by:_