

# COMMUNITY SERVICE VAN PROGRAM

## DRIVER APPROVAL REQUEST

1. DRIVER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

2. AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

This person is:  a paid employee  a volunteer

3. DATE OF BIRTH: \_\_\_\_\_ 4. SOC. SEC. # \_\_\_\_\_

5. MI DRIVER'S LICENSE :

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Type Held:  CDL  Chauffeur  Other \_\_\_\_\_

License Class:  A  B  C Endorsements: \_\_\_\_\_

6. YEARS OF EXPERIENCE DRIVING FULL SIZE VAN: \_\_\_\_\_

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 substance;
- operation of a vehicle in a reckless manner;
- exceeding the lawful maximum speed by more than 15 miles per hour.

All of the above information and certifications are accurate and true to the best of my current knowledge, and I hereby authorize the City of Kalamazoo to verify my Driver's License Record with the Michigan Secretary of State Office. **NOTE: "All Criminal History Backgrounds and Driving Records will be reviewed by the Metro Transit's Risk Management Team and your eligibility is subject to their final determination".**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This information is requested for authorization to operate the Community Service Van, and for inclusion of the operator under the current Van Insurance Policy. **Please complete, sign, date and send this certification and Criminal History Background; along with a copy of your Driver's License, Driving Record (obtained from the Secretary of State), and an Agency Endorsement to:**



**Community Service Van Program**

530 N. Rose Street Kalamazoo, MI 49007  
269-337-8087 | [www.kmetro.com](http://www.kmetro.com)



Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

(Yvonne Thrash, Deputy Director of Operations)