



1111 Ashworth Road West Des Moines, Iowa 50265-3538

APPLICATION FOR "QUALIFIED DRIVER" STATUS

(Organization Name) _____
(Organization Address) _____

Employee
 Volunteer _____ Date: _____
(Name)

Address: _____
(Street) (City) (State) (Zip Code)

Addresses for the past three years:

Dates	Street	City	State	Zip Code
1)				
2)				
3)				
4)				

Date of Birth: ____ / ____ / ____ Soc. Sec. Number: ____ - ____ - ____ Driver's License Number: _____

Commercial Driver's License Passenger Endorsement Air-brake Endorsement

Vehicles qualified to operate: Car Van Bus w/Trailer (towed by previously checked vehicle)

Past experience and/or training that qualifies applicant for operation of vehicle on church or school business:

Dates	Experience/Training
1)	
2)	
3)	
4)	

Driving Record - List all accidents and traffic convictions during past three years:

Dates	Nature of Accident/Traffic Conviction
1)	
2)	
3)	
4)	

Personal Auto Insurance Company: _____

Coverage Limits: _____ Umbrella Limits: _____

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete, to the best of my knowledge.

(Date)

(Applicants Signature)