



REQUEST FOR APPROVED DRIVER STATUS
(Return Completed Form to Parish/School/Agency)

Date : ____/____/____ Employee Volunteer Intern

Requesting Parish, Agency School or Department: _____

Name & Email of REQUESTING Official:

Driver's Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mailing Address (If different from above)

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ License # _____ License Expiration Date: ____/____/____

<p>Attach copy of current N.C. Drivers License: (Note- School bus drivers must provide a copy of their CDL license with "S" & "P" endorsements)</p>	
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I am aware that the Diocese of Charlotte will request a copy of my driving record from the North Carolina Department of Motor Vehicles, and may revoke my permission to drive for the Diocese at any time if there is any additional reportable offences.

Signature Date

<p>Permission granted to drive a:</p> <p>_____: Personal Vehicle</p> <p>_____: School Bus, School Activity Bus or Van</p> <p>_____: Church Activity Van</p> <p>_____: CDL</p>	<p><u>OFFICE USE ONLY</u></p> <p>By: _____</p> <p>Date: ____/____/____</p>
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