



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

Date: _____ Employee Volunteer Intern

TO BE COMPLETED BY PARISH/SCHOOL/DEPT STAFF – ALL items must be completed

Requesting Parish, Agency School or Department (Include City): _____

Name & EMAIL of Requesting Official: _____

Driver's Information (To Be Completed by Driver): PLEASE PRINT CLEARLY

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email (DO NOT LEAVE BLANK): _____

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

<p>Attach Proof of Insurance Here (copy of insurance card)</p>	<p>Attach COLOR Copy of Driver License Here</p> <p>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 _____

Permission granted by Diocese to drive a:

<u>DIOCESAN USE ONLY</u>	
____ : Personal Vehicle	By: _____
____ : School Bus, School Activity Bus or Van	Date: ___/___/___
____ : Church Activity Van	Comments:
____ : CDL	