

VANPOOL OPERATOR APPLICATION

This application will be used to establish your eligibility as an operator of a Community Transit vanpool. The information you provide helps us assure you, your vanpool group, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our vanpool program. Return completed application with a copy of your Washington State Driver's License and Proof of Insurance to your Vanpool Coordinator.

Vanpool #: _____ This application is for a new: Driver Bookkeeper

THIS SECTION TO BE COMPLETED BY DRIVER AND BOOKKEEPER APPLICANTS:

Name: _____ Home Phone: () _____

Address: _____ Work Phone: () _____

City/State/Zip: _____ Cell Phone: () _____

Date of Birth: _____ E-Mail: _____

Current Job Title: _____ Employer: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Work Hours: _____ Work Days (circle): M T W Th F S S

How long have you worked for this employer? _____ Years _____ Months

THIS SECTION TO BE COMPLETED BY DRIVER APPLICANTS ONLY:

Do you have a current and valid Washington State Driver's License? Yes No

If not, please explain: _____

How long have you had a driver's license? _____ Years _____ Months

Driver's License Number: _____ Expiration Date: _____

Are there any restrictions on your driver's license? Yes No

If Yes, state type (including vision) and date of restriction: _____

Have you ever had your driving privileges suspended, revoked, or refused? Yes No

If Yes, please explain: _____

Have you ever been required by the state to file evidence of Fiscal Responsibility (SR22)? Yes No

If Yes, please explain: _____

Name of your automobile insurance company: _____ Policy Number: _____

Has an insurance company ever refused, cancelled, not renewed, or given notice of intention to refuse automobile insurance to you? Yes No

If Yes, list company's and agent's name and phone: _____

Indicate which (circle one): Cancelled Refused Non-Renewal

Date: _____ Reason: _____



VANPOOL OPERATOR APPLICATION (CONT.)

THIS SECTION TO BE COMPLETED BY DRIVER APPLICANTS ONLY:

Do you have any conditions that may affect your ability to perform all requirements of operating the vanpool vehicle?
 Yes No • If Yes, please explain:

Have you ever been convicted of driving while intoxicated or under the influence of drugs? Yes No
 If Yes, please explain (date, charge, jurisdiction, etc.):

Indicate all driving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past three years. Please give full details, including dates, below:

A	Date:	Time:	Location (City/State):	
	Conviction:		Your Speed:	Amount of Fine:
	If speeding, legal limit:			
Remarks:				

B	Date:	Time:	Location (City/State):	
	Conviction:		Your Speed:	Amount of Fine:
	If speeding, legal limit:			
Remarks:				

Please indicate below any vehicle accidents of any type or cause you have been involved in, either as owner or otherwise, during the last three years:

Accident #1	Date:	Time:	Driver:	Violation:
Who was at fault?	Damage to your vehicle?		Amount: \$	
Bodily Injury?	Damage to your property?		Amount: \$	
Description:				

Accident #2	Date:	Time:	Driver:	Violation:
Who was at fault?	Damage to your vehicle?		Amount: \$	
Bodily Injury?	Damage to your property?		Amount: \$	
Description:				

Can you provide off-street parking for the van? Yes No Other: _____

Have you taken a defensive driving course in the past? Yes No
 If Yes, please provide the following information and a copy of your certificate:

Name of Course: _____ Date Completed: _____

THIS SECTION TO BE COMPLETED BY DRIVER AND BOOKKEEPER APPLICANTS:

By signing below, I understand that this application warrants a verification of my Motor Vehicle Record.

Signature: _____ Date: _____

