



11301 Liberty Rd
Owings Mills, MD 21117
(410) 655-5466

Volunteer Driver Screening

Drivers must be 25 or older.

Driver's name (as shown on license): _____

Date of birth: _____

Social Security number: _____

(Please provide your SSN only if you've given your ministry leader permission to purchase a copy of your driving records.)

Driver's license state and number: _____

Is this a commercial driver license? Yes No

What vehicle will you be driving? Make: _____ Model: _____ Year: _____

Name of Auto Insurance Company: _____ Policy # _____

In the past three years:

1. Have you been at fault for any accidents? Yes No
2. Have you had any moving traffic violations? Yes No
3. Have you had any insurance co. cancel or refuse to provide you with auto insurance? Yes No
4. Have you had your driver's license revoked, suspended, or restricted? Yes No
5. Have you had any physical impairments other than corrective glasses? Yes No
6. Have you ever been charged with or convicted of "driving while intoxicated" or "driving under the influence"? Yes No

If any question(s) 1-6 have been answered with "yes," please provide full details below/use back if more room is needed: (dates, descriptions, amounts, or other explanation).

Signed _____ Date _____