

INTERcity TRANSIT VANPOOL DRIVER APPLICATION

This application will be used to establish your eligibility as an operator of a public transit vanpool. The information you provide helps 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. Please return completed application to your vanpool coordinator or email to vans@intercitytransit.com.

Vanpool Group or Vehicle # _____

Name: _____ Personal Phone #: _____

Address: _____ Work Phone #: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Employer: _____ Current Job Title: _____

Worksite Address: _____

Driver's license number: _____ State: _____ Date of birth: _____

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

Have you had a driver's license from somewhere other than Washington in the last 5 years? Yes No
If yes, please explain

Have you ever had your driving privileges suspended, revoked or refused? Yes No
If yes, please explain.

Have you ever been required to file evidence of fiscal responsibility (SR 22)? 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, please list date, circle reason and explain: Cancelled Refused Non-Renewal

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

Have you ever been convicted of driving while intoxicated or under the influence of drugs? Yes No
If yes, please explain:

Vanpool your Commute. only Better.

Indicate all driving violations or citations (other than parking) during the past three years. Please give full details, including dates, below. If more space is needed, use a separate sheet or space at bottom of page:

Citation #1

Date:	Time:	Location:
Conviction:		
Speed limit:	Your speed:	Amount of fine: \$
Remarks		

Citation #2

Date:	Time:	Location:
Conviction:		
Speed limit:	Your speed:	Amount of fine: \$
Remarks		

List any motor vehicle accidents, of any type or cause, that you, either as owner or otherwise, have been involved in during the last three years

Accident #1

Date & Time:	Location:
Violation:	
Who was at fault?	Damage to your vehicle: \$
Bodily injury?	Damage to other property: \$
Description:	

Accident #2

Date & Time:	Location:
Violation:	
Who was at fault?	Damage to your vehicle: \$
Bodily injury?	Damage to other property: \$
Description:	

List any other citations, accidents, suspensions or information that might affect your ability to drive a Vanpool vehicle:

By signing this Intercity Transit Vanpool driver application I agree to let Intercity Transit staff obtain a copy of my motor vehicle record and monitor for accidents, citations or suspensions during my time as a volunteer vanpool driver.

Signature: _____ Date: _____