

Please complete the following driver application if you are interested to become a volunteer vanpool driver. This application will be used to establish your eligibility as an operator of a public transit vanpool. We appreciate your cooperation and interest in our vanpool program.

Vanpool drivers must have a valid, unrestricted (prescription lenses acceptable), non-probationary driver's license and five years of verifiable licensed driving experience.

Prospective vanpool drivers with the following on their driving record will not be eligible to drive a vanpool if:

- **Never Eligible Offenses** - Any conviction surrounding a fatal accident (vehicular homicide, manslaughter, etc.), using a vehicle in commission of a felony, and/or vehicular assault appears on their driving record - **LIFETIME INELIGIBILITY**
- **10 Year Ineligible Offenses** -Any conviction for negligent driving, reckless driving, hit and run, leaving an accident scene, driving under the influence of drugs or alcohol - **10 YEARS INELIGIBILITY**
- **5 Year Ineligible Offenses** - Any conviction for suspension/revocation related to a 4-point. Speak to vanpool program staff for clarification - **5 YEARS INELIGIBILITY**
- **3 Year Ineligible Offenses** -Any conviction or combination of convictions earning 4 or more points. Speak to vanpool program staff for clarification - **3 YEAR INELIGIBILITY**

If you meet the criteria for vanpool driver eligibility, continue to the vanpool driver application form.

Please email the completed form to vans@intercitytransit.com
If you have any questions, you can reach the vanpool team at 360.786.8800

First Name:

Last Name:

Vanpool Group #:

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.

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, select the 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? 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:

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. Please email the completed form to vans@intercitytransit.com.

Signature: _____ Date: _____