

# INTERcity TRANSIT COMMUNITY VANS DRIVER APPLICATION

This application will be used to establish your eligibility as an operator of a public transit van. The information you provide helps assure you, your Community Van User Group, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our Community Vans Program. Please return completed application by email to [vans@intercitytransit.com](mailto:vans@intercitytransit.com) or call 360.786.8800 for assistance.

Community Vans User Group Name \_\_\_\_\_

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 Community Van? 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.

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 12 passenger Community Van.

By signing this Intercity Transit Community Vans 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 driver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_