



This application will be used to establish your eligibility as an operator of a public 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. Please return completed application with a copy of your Driver's License and Proof of Insurance to your vanpool program representative.

**APPLICATION FOR:**     **DRIVER**     **BOOKKEEPER**

**This section is to be completed by ALL applicants.**

Name: _____	Home phone: _____
Address: _____	Work phone: _____
City/State/Zip: _____	Fax Number: _____
Years/months at this address: _____	Email Address: _____
Age: _____	Cell phone: _____
Date of Birth: _____	
Current Job Title: _____	Employer: _____
Work Address: _____	
Supervisor's Name: _____	Supervisor's phone: _____
Work Hours: _____	
How long have you worked for this employer? _____ Years/Months	

**This section is 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? \_\_\_\_\_

If restricted, state type (including vision) and date of restriction: \_\_\_\_\_

Have you ever had your privileges to drive 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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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):                      Cancelled                      Refused                      Non-Renewal

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Do you have any condition that may affect your ability to perform all requirements of operating a 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, charges, 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. If more space is needed, please use a separate sheet.

<b>A</b>	Date	Time	Location (city, state)	
	Conviction: If speeding, legal limit:		Your speed:	Amount of Fine: \$
	Remarks:			
<b>B</b>	Date	Time	Location (city, state)	
	Conviction: If speeding, legal limit:		Your speed:	Amount of Fine: \$
	Remarks:			

How many motor vehicle accidents of any type or cause have you, either as owner or otherwise, been involved in during the last five years?

Accident #1	Date	Time	Driver	Violation
Who was at fault?		Damage to your vehicle?		Amount \$
Bodily injury?		Damage to other property?		Amount \$
Description:				
Accident #2	Date	Time	Driver	Violation
Who was at fault?		Damage to your vehicle?		Amount \$
Bodily injury?		Damage to other property?		Amount \$
Description:				

Can you provide off-street parking at your home for the van? Yes No

Have you taken a Defensive Driving Course? Yes No

If yes, list name of course, date completed and attach a copy of your certificate:

If applying as a new vanpool group, please explain your commute plans:

Trip Origin: \_\_\_\_\_  
List complete address or indicate if this is the same as your home address

Trip Destination: \_\_\_\_\_  
List complete address or indicate if this is the same as your work address

Pick-Up Point: \_\_\_\_\_ Time: \_\_\_\_\_

Pick-Up Point: \_\_\_\_\_ Time: \_\_\_\_\_

Pick-Up Point: \_\_\_\_\_ Time: \_\_\_\_\_

Pick-Up Point: \_\_\_\_\_ Time: \_\_\_\_\_

This application warrants a credit check, employment verification and/or verification of motor vehicle record.

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

<b>VP#</b>
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