

Unity Christian School Driver's Information and Experience

(Please print or type)

1. Last name: _____ First name: _____
Middle name: _____
2. Date of Birth: _____
3. Address: _____

4. License Number: _____ 5. Expiration Date: _____
6. Exam Date: _____ 7. County: _____
8. License Class: _____ 9. Endorsements: _____
10. Type of license: _____

Driving Experience:

Total Years of experience: _____

Types of vehicles operated and amount of experience:

_____ Yrs _____ mo. 15 Passenger Van

_____ Yrs _____ mo. 30 + Passenger Buss with out air brakes

_____ Yrs _____ mo. 30 + Passenger Bus with air brakes

_____ Yrs _____ mo. Other: _____

_____ Yrs _____ mo. Towing experience

UCS use only: 15 passenger van yes / no:

30+ passenger bus w/o air brakes yes / no

30+ passenger bus w/air brakes yes / no

MVR requested: yes / no

MVR attached: yes / no

AUTHORIZATION TO SECURE MOTOR VEHICLE REPORT(S)

DATE: _____

NAMED INSURED: _____

I the undersigned employee/potential employee of _____

_____ hereby authorize Garner and Glover Company to obtain from the Georgia Department of Public Safety, or other state bureaus as required, copies of my Motor Vehicle Reports for use in rating and/or underwriting the insurance for which said employer has applied, and any renewal thereof. I understand that in obtaining a Motor Vehicle Report, a consumer reporting agency may be used by the insurer, and do hereby authorize such use.

Driver's Name (as it appears on license)	Date of Birth	License Number	State	Signature
_____	_____	_____	_____	_____