

DRIVER INFORMATION SHEET

DRIVER

Name: _____ DOB: _____

Address: _____

Phone: _____ Social Security #: _____

Driver License #: _____ Expiration Date: _____

VEHICLE

Name of Owner: _____

Owners Address: _____

Model: _____ Vehicle Make: _____

License Plate #: _____ Expiration Date: _____

INSURANCE INFORMATION

Insurance Company: _____

Policy #: _____ Expiration Date: _____

Liability Limits of Policy: _____ \$100 / \$300 Yes _____ No _____

I certify that the information given on this form is true and correct to the best of my Knowledge. I understand that as a driver, I must be 18 years of age or older, possess a valid Driver's license, have the proper and current license and vehicle registration, and have the Required insurance coverage in effect on any vehicle used to transport.

I agree that while I am transporting, I will not, within six hours of the commencement of the event, nor during the course of the event drink any alcoholic

Beverage. I will follow and observe the Rules of the Road (including speed limits) as are applicable in the State of Florida, and in each city in which I will be transporting.

I will take seriously my obligation to transporting Laundry; and I will require each passenger in my automobile to use the seat belt available to him/her.

Within the past five years I have not been charged with or convicted of reckless driving or driving while intoxicated. I attest that I do not have any restrictions on my Florida Driver's License.

Signature: _____ Date: _____