



## Field Trip – Private Transportation

MAKE	MODEL OF CAR
CAR LICENSE #	STATE

DRIVER NAME			
ADDRESS	CITY	STATE	ZIP
DRIVER LICENSE #	STATE		
BIRTHDATE	PHONE		
INSURANCE COMPANY	PHONE		
AGENT - Name			
ADDRESS	CITY	STATE	ZIP
PUBLIC LIABILITY	Per person	\$	
	Per accident	\$	
	Property damage	\$	
	Medical payments per person	\$	
POLICY EXPIRATION DATE			
Explain all accidents and/or citations for moving violations received in the past three years			
Has your driver's license ever been suspended or revoked? If yes, explain.			
Volunteer Screening approval obtained?    Yes    No			