

Vail Baptist Church, Inc.
DBA: Trinity Church
P.O. Box 2676
Edwards, CO 81632
(970) 926-1759
trinity@trinityvail.com

Trinity Church Fleet Vehicle Driver Authorization Form

Driver's name (as shown on license): _____

Date of Birth: _____

Driver's License State and Number: _____

Physical Address: _____

Mailing Address: _____

Cell Phone Number: _____

Email Address: _____

In the last three years:

- | | |
|--|--|
| 1. Have you been at fault for any accidents? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you had any moving traffic violations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you had any insurance company cancel or refuse to provide you with auto insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you had your drivers license revoked, suspended, or restricted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you had any physical impairments other than corrective glasses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you ever been charged with or convicted of "driving while intoxicated" or "driving under the influence"? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If any question(s) 1-6 have been answered with "yes", please provide full details on back.

Photocopy of front of driver's license

- I agree to follow all Fleet Vehicle Policies as set forth by Vail Baptist Church, Inc. dba Trinity Church.
- I state that I currently hold a valid Motor Vehicle Driver's license as indicated above, and all information is correct.
- I understand that I must provide Trinity Church with a current copy of my Motor Vehicle Driving Record (MVR) before this application can be processed.
- Colorado MVR's can be obtained at <https://mydmv.colorado.gov>.



Signed (must be legible)

Date