

Non-Profit Vehicle Driver Addendum Form

Driver Information

Driver's Full Name

Date of Birth

Driver's License Number

Issuing State

License Expiration Date

Contact Phone Number

Vehicle Information

Vehicle Make

Vehicle Model

Vehicle Year

License Plate Number

Insurance Company

Policy Number

Policy Expiration Date

Driving History

Have you been involved in any vehicle accidents in the past 3 years?

If yes, please provide details

Have you received any driving citations or violations in the past 3 years?

If yes, please provide details

Certification & Consent

I certify that the above information is true to the best of my knowledge and I consent to allow the organization to verify my driving record and insurance coverage.

Driver's Signature

Date