

SCHOOL _____

SPORT _____

DRIVING INFORMATION

NAME: _____

ADDRESS: _____

Number Street City State Zip Code

(As shown on license)

LICENSE NUMBER: _____

STATE WHERE ISSUED: _____

EXPIRATION DATE: _____

DATE OF BIRTH: _____

TYPE: Operator
Chauffer
Cycle
Restricted
Financial Responsibility

Restrictions:

List the tickets you have received for traffic violations in the last (10) years:

DATE PLACE OFFENSE

List the accidents you have been involved in (regardless of fault) in the past ten (10) years; give full particulars including date of occurrence, place of occurrence, injuries sustained, etc.

Are you subject to "high risk" auto insurance? _____

I hereby give authorization to the State of Michigan, or any political subdivision thereof, to release any and all information concerning my driving and/or criminal arrest/conviction record.

DATE

SIGNATURE

PLEASE ATTACH A PHOTOCOPY OF YOUR LICENSE

7/25/08