

## **REQUEST FOR APPROVED DRIVER STATUS**

(Return Completed Form to Parish/School/Agency)

| Date :/ Emplo  | oyee Volunteer  | Intern                    |   |
|--|-----------------|---------------------------|---|
| Requesting Parish, Agency School or  | Department:     |                           |   |
| Name & Email of <u>REQUESTING</u> Offici   | al:             |                           |   |
| Driver's Information:  |                 |                           |   |
| Name:  |                 |                           |   |
| Street Address:  |                 |                           |   |
| City:  | State:          | Zip:                      |   |
| Home Phone:  | Cell Phone:     | Email:                    |   |
| Mailing Address (If different from above   | e)              |                           |   |
| Street Address:  |                 |                           |   |
| City:  | State:          | Zip:                      |   |
| Date of Birth:// License   | #               | License Expiration Date:/ | / |
| Attach copy of current N.C. Drivers License: (Note- School bus drivers must provide a copy of their CDL license with "S" & "P" endorsements) |                 |                           |   |
| I am aware that the Diocese of Charlotte w of Motor Vehicles, and may revoke my per reportable offences.                                     |                 |                           |   |
|  | Signature       | Date                      |   |
| Permission granted to drive a:   | OFFICE USE ONLY |                           |   |
| : Personal Vehicle   |                 |                           |   |
| : School Bus, School Activity Bus or   | r Van           |                           |   |
| : Church Activity Van By: _  |                 |                           |   |
| : CDL  | Date://_        |                           |   |