



# Vanpool and RideVan Plus Driver Application

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Van number: \_\_\_\_\_ or Vanpool Group ID: \_\_\_\_\_ Group contact: \_\_\_\_\_

Name as it appears on your license: \_\_\_\_\_ Date of birth: \_\_\_\_\_

License number: \_\_\_\_\_ Issuing state: \_\_\_\_\_

1. Do you have automobile liability insurance?  Yes  No

2. Have you been required by any state to file evidence of Financial Responsibility (SR-22)?  Yes  No  
If yes, please explain: \_\_\_\_\_

3. How many motor vehicle accidents of any kind or cause have you as a driver been involved in during the past 3 years? \_\_\_\_\_

Please give full details below:

a) Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Damage to your vehicle?  Yes  No  
Damage to other property?  Yes  No  
Was anyone injured?  Yes  No  
Description? \_\_\_\_\_

b) Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Damage to your vehicle?  Yes  No  
Damage to other property?  Yes  No  
Was anyone injured?  Yes  No  
Description? \_\_\_\_\_

*I certify that I do not have any medical conditions or take any medications that interfere with my ability to safely operate a UTA Vehicle. In the event I develop a medical condition or begin taking medication that interferes with my ability to safely operate a UTA Vehicle, I agree to immediately stop driving the Vehicle. Examples of health conditions that may interfere with the ability to safely operate a UTA Vehicle include, but are not limited to: visual disabilities, deafness, paralysis, seizure disorders, loss of consciousness, diabetes, neurological conditions, severe mental disorders, cardiovascular disorders, etc. Examples of disqualifying medications include, but are not limited to, medications that contain prohibitions on driving. I further certify that the information provided in the Driver Applicant portion of this Application is true and correct and agree to submit a new application should any of the information provided above change. I understand that I am prohibited from using any electronic handheld device while driving a UTA Vehicle. I agree that I will not drive a Vehicle until I have received approval by UTA Vanpool to do so.*

*As a condition of participating in the UTA Vanpool administered by UTA, I agree to comply with the UTA Vanpool Terms and Conditions, a copy of which I have received. I understand and acknowledging that this Agreement, together with the UTA Vanpool Operations Manual, establish my rights and responsibilities as a participant and a Driver in the UTA Vanpool Program. As a Vanpool Participant and Driver, I understand that UTA may store my personal information in an electronic database. I understand this Agreement shall be effective on the date signed and shall continue in force until either party gives fifteen (15) days' notice of an intent to terminate. I understand that I must give notice of termination to the group point of contact and the UTA Vanpool Department.*

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_