



\*\*Staff use only\*\*

\_\_\_\_ Def Driving Course    \_\_\_\_ Van Orientation    \_\_\_\_ Abstract of Driving Record

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## Twin Transit Community Van Operator Application:

Name: \_\_\_\_\_ Home or Cell phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

How long have you been driving \_\_\_\_\_ years?

Current & Valid Washington State Driver's License number \_\_\_\_\_

Do you have any restrictions on your license? No: \_\_\_\_\_ Yes \_\_\_\_\_

If so, please explain: \_\_\_\_\_

If you have had your driving privileges suspended, revoked or refused please explain:

\_\_\_\_\_

Have you ever been required by the State to file evidence of Fiscal Responsibility? (SR22)

No: \_\_\_\_\_ Yes \_\_\_\_\_

**I will provide my Washington State drivers abstract for Twin Transit. \_\_\_\_\_ Yes \_\_\_\_\_ No**

<https://www.dol.wa.gov/driverslicense/requestyourrecord.html>

Name of group you will be driving for: \_\_\_\_\_

Have you driven a van before? Yes \_\_\_\_\_ No \_\_\_\_\_

Where do you plan to take the van? \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*Employer

\_\_\_\_\_ Current job title: \_\_\_\_\_

Work address: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Supervisor's phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_ How long with this employer? \_\_\_\_\_

Name of your automobile insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Agent's name and phone: \_\_\_\_\_

Has an insurance company ever refused, cancelled, not renewed or given notice of intention to refuse automobile insurance to you? No: \_\_\_\_\_ Yes: \_\_\_\_\_

If yes, list company and agent's name \_\_\_\_\_ and phone: \_\_\_\_\_

Date and reason: \_\_\_\_\_

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Do you have any condition which may or does result in physical or mental impairment? (for example, but not limited to, sight in only one eye, missing limbs, deafness, paralysis, convulsive or seizure disorder, epilepsy, blackouts, etc.) No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please identify name or nature of the condition: \_\_\_\_\_

Date of onset of last attack: \_\_\_\_\_ Years of driving with condition: \_\_\_\_\_

Driving aids: \_\_\_\_\_

Have you ever been convicted of driving while intoxicated or under the influence of drugs? No \_\_ Yes \_\_

If yes, explain (date, charge, jurisdiction, etc.) \_\_\_\_\_

Indicate all driving violations or citations (other than parking) that you have been convicted of, or forfeited bail or paid fines for during the past three years. Please give full details including details including dates below. If more space is needed use a separate sheet of paper: \_\_\_\_\_

**Please be sure that at the end of each trip the Community Van is free of litter and debris.**

**I give Twin Transit permission to do a background check with Washington State Patrol.**

\_\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_ Date \_\_\_\_\_