

DRIVER INFORMATION FOR RESIDENT:

FORM 2338B-17

<p style="text-align: center;">Temporary Approval</p> <p>Date: _____ Staff Initials: _____</p> <p>Name: _____</p> <p>I understand that I am responsible for maintaining a valid driver's license and insurance to transport the above resident.</p> <p>Applicant Signature: _____</p> <p style="text-align: center;">Attach a copy of Driver's License for approval Once approved attach over this section.</p> <p style="text-align: center;">Include Renewals if applicable. If denied – write "Denied" across license</p>	<p style="text-align: center;">Temporary Approval</p> <p>Date: _____ Staff Initials: _____</p> <p>Name: _____</p> <p>I understand that I am responsible for maintaining a valid driver's license and insurance to transport the above resident.</p> <p>Applicant Signature: _____</p> <p style="text-align: center;">Attach a copy of Driver's License for approval Once approved attach over this section.</p> <p style="text-align: center;">Include Renewals if applicable. If denied – write "Denied" across license</p>
VEHICLE #1 INFORMATION	VEHICLE #1 INFORMATION
Plate #: _____	Plate #: _____
Year: Make: Model: Color: _____	Year: Make: Model: Color: _____
VEHICLE #2 INFORMATION	VEHICLE #2 INFORMATION
Plate #: _____	Plate #: _____
Year: Make: Model: Color: _____	Year: Make: Model: Color: _____
Driver Phone Number _____	Driver Phone Number _____
License: <input type="checkbox"/> OK <input type="checkbox"/> See Record	License: <input type="checkbox"/> OK <input type="checkbox"/> See Record
Vehicle: <input type="checkbox"/> OK <input type="checkbox"/> Problem-	Vehicle: <input type="checkbox"/> OK <input type="checkbox"/> Problem-
ICON: <input type="checkbox"/> OK <input type="checkbox"/> ICON # _____	ICON: <input type="checkbox"/> OK <input type="checkbox"/> ICON # _____
RPPO Approval Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	RPPO Approval Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____	Comments: _____
Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied
RO Signature: _____	RO Signature: _____

5 DRIVER LIMIT - 2 VEHICLES PER DRIVER