

APPLICATION TO TRANSPORTATION RESIDENT	
Date: 1	Staff Initials: 2
Resident Name: 3	
DRIVER INFORMATION LIMIT of 5 per resident	
Name: 4	
Provide Driver's License to be copied (1 copy per resident) & Mail Renewals if applicable. Minors need parent's written permission to transport. Out of state licenses, restrictions of "J" or "7" CANNOT transport	
VEHICLE INFORMATION	
Owner: 5	
Plate #: 6	
Year: 7	Color: 8
Make: 9	Model: 10
I understand that I am responsible for maintaining a valid driver's license and insurance to transport the above resident.	
Applicant Signature: 11	
Record Temporary Approval in Driver Book. Give to _____	
License: <input type="checkbox"/> OK <input type="checkbox"/> See Record	
Vehicle: <input type="checkbox"/> OK <input type="checkbox"/> Problem-	
ICON: <input type="checkbox"/> OK <input type="checkbox"/> ICON #	
All checks okay - Tape license in Driver Book & add to Drivers list. Otherwise, give to clerical staff.	

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