Adventist Risk Management, Inc.
12501 Old Columbia Pike
Silver Spring, MD 20904-6600

DRIVERS' QUESTIONNAIRE

Conference or Institution_____

PLEASE COMPLETE ALL BLANKS

DRIVER_____ BIRTH DATE_____
Last First Middle Mo/Day/Year

DRIVER'S LICENSE#_____SS#_____STATE LICENSE IN_____

HOME ADDRESS_____
CITY STATE ZIP CODE

WHAT OTHER STATE HAVE YOU HAD A DRIVER'S LICENSE IN THE LAST 3 YEARS_____

SDA ENTITY YOU DRIVE FOR (Conference or Institution) _____

TYPE OF VEHICLE YOU DRIVE FOR THE DENOMINATION: ☐Utility ☐School Bus ☐ Auto
☐ Semi-tractor ☐ Church Van ☐ Other (Explain) _____

NUMBER OF YEARS DRIVING EXPERIENCE IN THIS TYPE OF VEHICLE: _____

NUMBER OF MILES DRIVEN ANNUALLY _____

PLEASE LIST ALL CITATIONS OF ANY ACCIDENTS IN THE LAST THREE YEARS. GIVE THE DATE, DETAILS AND LOCATION OF EACH CITATION AND/OR ACCIDENT.

_____
_____
_____

I hereby authorize Risk Management Services, Inc., to obtain my Motor Vehicle Operating Record. In the event of a sub-standard record, I understand Risk Management Services, Inc., may notify my employer. Otherwise, the information is kept confidential.

_____
Signature Date

MVR ORDERED_____NUMBER OF ACCIDENTS_____
NUMBER OF CITATIONS_____NOTIFIED R.M._____

_____
Signature (Field Services Representative)

Remarks:
_____
_____
_____

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