Lighthouse Christian Church

SC056 Approved Driver Application

|  |
| --- |
| Personal Information |
| Name of Applicant  |  |
| Contact Phone No. |  | **Email** |  |
| Drivers Licence Number: |  | **Renewal Date:** |  |
| Date Of Issue: |  | **No. of years licence held?** |  |
| List type of vehicles licensed to drive (car, truck, bus, etc.) |  |
| Are there any restrictions or endorsements on your license, if so please supply details? |  |
| Provide details of any vehicle accidents in which you have been involved as a driver in the past five years.\*\* |  |
| Give details of any traffic offences you have been convicted of in the past five years.(Excluding parking offences)\*\* |  |

|  |
| --- |
| In the case of using your private vehicle: |
| Who is the registered owner of the vehicle? |  |
| Is the vehicle registration current? |  |
| Is the vehicle insured?(If so, please name your insurance company and level of cover) |  |

|  |
| --- |
| All approved drivers using private vehicles must have insurance coverage. Please attach a photocopy of current driver’s license to this completed form.I confirm that the information I have supplied on this form is true and correct to the best of my knowledge.\*\* If any of these details change, I agree to notify LIGHTHOUSE CHRISTIAN CHURCH as soon as possible, with the relevant information \*\* |
| Applicant Signature  |  | **Date:** |  |

|  |
| --- |
| Application Outcome  |
| Application received on: |  |
| Application Processed by: |  | **Role:** |  |
| Outcome | * Application Approved
 | * Application Denied
 |
| Signature |  |