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# _____ SOC. SEC.# _____STATE LICENSED IN_____

HOME ADDRESS _____
City State Zip Code

WHAT OTHER STATE HAVE YOU HAD A DRIVER'S LICENSE IN LAST 3 YEARS _____

SDA ENTITY YOU DRIVE FOR (Conference or Institution) _____

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

NUMBER OF YEARS DRIVING EXPERIENCE IN THIS TYPE OF VEHICLE _____

NUMBER OF MILES DRIVEN ANNUALLY _____

PLEASE LIST ALL CITATIONS AND ANY ACCIDENTS IN THE LAST THREE YEARS. GIVE THE DATES, 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 _____ # OF ACCIDENTS _____
OF CITATIONS _____ NOTIFIED R.M. _____

_____
Signature (Field Services Representative) Remarks

_____