

SCHOOL \_\_\_\_\_

SPORT \_\_\_\_\_

**DRIVING INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Number Street City State Zip Code

(As shown on license)

LICENSE NUMBER: \_\_\_\_\_

STATE WHERE ISSUED: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TYPE: Operator  
Chauffer  
Cycle  
Restricted  
Financial Responsibility

Restrictions:

List the tickets you have received for traffic violations in the last (10) years:

DATE                      PLACE                      OFFENSE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the accidents you have been involved in (regardless of fault) in the past ten (10) years; give full particulars including date of occurrence, place of occurrence, injuries sustained, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you subject to "high risk" auto insurance? \_\_\_\_\_

I hereby give authorization to the State of Michigan, or any political subdivision thereof, to release any and all information concerning my driving and/or criminal arrest/conviction record.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

PLEASE ATTACH A PHOTOCOPY OF YOUR LICENSE

7/25/08