



AUTHORIZED DRIVER APPLICATION

Return Via Email: riskmanagement@arlingtondiocese.org

ALL SECTIONS MUST BE FILLED OUT COMPLETELY.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

DRIVERS INFORMATION REQUESTED BY CDA						
Last Name		First		Middle	Request Date	Male/Female
Home Address (No. Street)			City or Town		State	Zip
Phone (Include Area Code)		Birth Date (mm/dd/yyyy)	Marital Status	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid	<input type="checkbox"/> Work Camp <input type="checkbox"/> St. Lucy	<input type="checkbox"/> Other
Parish/School/Diocesan Office Assigned To			E-Mail Address (Required, please make it legible)			
PERSON TO WHOM YOU REPORT WITHIN THE DIOCESE (Supervisor, Volunteer Coordinator, Stakeholder, etc.)						
Name		Phone (Include Area Code)		Email Address		
DRIVING QUALIFICATION RECORD						
Driver's License State	License Expiration Date	Driver's License Number (PRINT)		Type License (DL/CDL):	No. Years Driving	VA License for 3+ years? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Drivers with non-Virginia licenses, submit three-year driving record from prior state DMV with application</i>						
ACCIDENT RECORD FOR THE PAST THREE YEARS:						
Date	Nature of Accident (head-on, rear-end, etc.)		Were you at fault?	Injuries?	Fatalities?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
QUESTIONS (FULLY EXPLAIN ALL "YES" ANSWERS ON THE SEPARATE SHEET)						
Have you ever been denied a license, permit or privilege to operate a motor vehicle?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your license, permit or privilege ever been suspended or revoked?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
AGREEMENT AND AUTHORIZATION						
<i>I acknowledge responsibility for all traffic citations issued while a diocesan owned/rented/leased vehicle is in my possession. I understand, per diocesan policy, all passengers and drivers must always wear a seat belt. I acknowledge and agree that providing false or misleading information about my driving record or failing to report accidents or moving violations is grounds for immediate dismissal from service and may make me responsible for all loss and damage resulting from my use of the vehicle and bodily injury and/or property damage to others. I further agree to voluntarily take myself off the Authorized Driver List if I do not feel qualified to continue driving. This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I hereby authorize The Catholic Diocese of Arlington, its insurance company, and/or agent, to obtain a state driver license history report about my motor vehicle record.</i>						
Applicant Signature:				Date:		
Supervisor/Stake Holder Signature:				Date:		

COMPLETE AND SIGN THE SECOND PAGE

PLEASE ALLOW 5-10 BUSINESS DAYS FOR PROCESSING

TO BE COMPLETED BY APPLICANT

APPLICANT INFORMATION

APPLICANT FULL NAME (last, first, mi, suffix)		
STREET ADDRESS		
CITY	STATE	ZIP CODE

INFORMATION REQUESTED BY DMV

All data fields must be completed for Driving Record Information.

DRIVING RECORD INFORMATION (Includes license history and conviction data) (complete APPLICANT INFORMATION above)

APPLICANT DRIVER LICENSE NUMBER	or	APPLICANT BIRTH DATE (mm/dd/yyyy)
REASON FOR REQUEST <input checked="" type="checkbox"/> Insurance <input type="checkbox"/> Employment, School, or Military <input type="checkbox"/> Member/Applicant/Volunteer <input type="checkbox"/> Personal Use, Court, or Attorney <input type="checkbox"/> TNC		
An authorization from the subject is required for employers and others not authorized by Virginia code. I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.		
APPLICANT SIGNATURE	DATE (mm/dd/yyyy)	

FOR OFFICIAL USE ONLY

CDA REQUESTER INFORMATION

REQUESTER FULL NAME (last, first, mi, suffix) Rypkema, Pamela or Manilla-Smith, Mary L.		FEDERAL TAX ID OR SOCIAL SECURITY NUMBER*	
EMAIL ADDRESS Pamela.Rypkema@arlingtondiocese.org Mary.Manilla@arlingtondiocese.org	ORGANIZATIONAL AFFILIATION (if any) Catholic Diocese of Arlington	TELEPHONE NUMBER (703) 841-2503	USE AGREEMENT NUMBER (if applicable)
STREET ADDRESS 200 N Glebe Road, Suite 630	CITY Arlington		
STATE VA	ZIP CODE 22203	ACCESS CODE (if applicable)	TNC CERTIFICATE NUMBER (if applicable)
REASON FOR REQUEST (be specific) (attach additional sheets if necessary) FOR INSURANCE PURPOSES			

CDA CERTIFICATION

I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose and that any personal information I receive will not be used for the predominant purpose of solicitation of prospective clients.

I agree that the information I obtain in response to my request is considered privileged and confidential. I agree that such information is subject to the restrictions upon use and dissemination imposed by (1) the Federal Drivers Privacy Protection Act (18 USC § 2721 et seq.), (2) the Government Data Collection and Dissemination Practices Act (Va. Code § 2.2-3800 et seq.), (3) the provisions of Va. Code §§ 46.2-208 through 210, 46.2.212, and 58.1-3, and (4) any successor rules, regulations, or guidelines adopted by DMV with regard to disclosure or dissemination of any information obtained from DMV records or files, and I agree to comply with such restrictions and understand that any violation may result in damages, civil penalties, criminal penalties or other relief permitted pursuant to Virginia law. If representing a government entity, I agree that the information obtained will not be used for civil immigration purposes or knowingly disseminated to any third party for any purpose related to civil immigration enforcement. Distribution of privileged information, as described at Va. Code § 46.2-208, to any third party is prohibited unless specifically identified and agreed to by DMV.

For volunteer organizations identified in Va. Code § 46.2-208(B), I also certify that the subject of the information being requested is a member of, applicant for membership in or applicant to be a volunteer with my organization.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury, and I understand that knowingly making a false statement or representation on this form is a criminal violation.

ORM SIGNATURE	DATE (mm/dd/yyyy)
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PLEASE ALLOW 5-10 BUSINESS DAYS FOR PROCESSING