

DRIVER/BACKUP DRIVER APPLICATION

Check One: New Driver Existing Driver
 Check One: Primary Back-up

Home Information	First Name	Middle Name	Last Name	<i>Drivers License #</i>
	Current Address			<i>Years at this address</i>
	City	State	Zip Code	<i>Home Phone #</i>
	<i>E-mail Address:</i>			

Work Info	Employer Name	Work Telephone Number
	Work Address	
	City	State
		# Years

Driving Info	Do you currently have a valid and unrestricted Idaho driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If no, explain:			
	Do you have a condition which may or does result in physical or mental impairment? (for example, but not limited to, sight in only one eye, missing limbs, deafness, convulsions or seizures, epilepsy, diabetes, heart disease, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If yes, explain:			
	Birth Date	Drivers License Number	State	License Expiration Date
	Number of Years operating similar vehicles?		Number of Moving Violations in the last three years.	
Name of personal auto insurance company		Where will van be parked at night?		

Signature	Everything stated in this application is true to the best of my knowledge. I also understand that BTPO will retain this information whether or not my application is approved. BTPO or its insurance company is authorized to check my driving record. I agree to disclose violations or accidents that would cause automatic rejection of this application.	
	Applicant Signature:	Date:

Return the form to:
 RideLink c/o Bannock Transportation Planning Organization
 P.O. Box 6129
 Pocatello, Idaho 83205-6129
 Fax 208-866-230-4709