

# Private Vehicle Registration

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Address, City, State, ZIP: \_\_\_\_\_  
Phone (day and evening): \_\_\_\_\_  
Email: \_\_\_\_\_

Vehicle #1  
Make, Model, Year: \_\_\_\_\_  
Color: \_\_\_\_\_ License #: \_\_\_\_\_  
Air Bag(s): \_\_\_\_\_ Seating: \_\_\_\_\_

Vehicle #2  
Make, Model, Year: \_\_\_\_\_  
Color: \_\_\_\_\_ License #: \_\_\_\_\_  
Air Bag(s): \_\_\_\_\_ Seating: \_\_\_\_\_

Insurance  
Company \_\_\_\_\_  
Agent \_\_\_\_\_ Phone: \_\_\_\_\_  
Address, City, State, ZIP \_\_\_\_\_

I certify that I am currently insured through the above company for automobile liability insurance in an amount in excess of or equal to the minimum required under state law.

Further, I agree to forward a photocopy of my Proof of Insurance Card at each renewal period.

Further, I agree to immediately notify (Sponsoring Organization) in the event that the above liability insurance is revoked, cancelled or altered in such a manner as to no longer meet the minimum vehicle insurance requirements for the state.

Further, I agree not to transport any passengers as part of the volunteer driver program if these minimums liability requirements are not met, or if my operator's license is not current and /or valid, or if the registration and license of the vehicle(s) I use to transport passengers is not current and/or valid.

Further, I certify that my vehicle(s) is in safe operating condition.

Further, I agree to hold harmless and indemnify (Sponsoring Organization), the Transportation Coordinator, and the passenger(s) against any or all claims arising all or in part from my negligence.

Further, I authorize (Sponsoring Organization) to make periodic checks of my driving and criminal record.

Signature		Date:	
-----------	--	-------	--