



Licensed Driver Information Form

Name: _____

Date of Birth: _____/_____/_____

License Number: _____ Expiration Date: _____/_____/_____

How long have you held a valid driver's license? _____

Please attach a photocopy of your (or your parents) insurance information card with this form and give it to your State Dad Advisor.

If any of this information should change, please notify your State Dad Advisor immediately.

(Parent or Legal Guardian signature)

(Date)