Ministry Driver Screening

Driver's name (as shown on license): _____

Date of birth (mm/dd/yyyy): _____

Driver's license state and number: _____

Is this a commercial driver license? ☐Yes ☐No

Which vehicle will you be driving? Make: _____ Model: _____ Year: _____

Are you the primary driver? ☐Yes ☐No

Primary driver= You drive the vehicle more than once per month or more than 12 times per year.

In the past three years:

1. Have you been at fault for any accidents?	☐Yes	☐No
2. Have you had any moving traffic violations?	☐Yes	☐No
3. Have you had any insurance company cancel or refuse to provide you with auto insurance?	☐Yes	☐No
4. Have you had your driver's license revoked, suspended, or restricted?	☐Yes	☐No
5. Have you had any physical impairments other than corrective glasses?	☐Yes	☐No
6. Have you ever been charged with or convicted of "driving while intoxicated" or "driving under the influence"?	☐Yes	☐No

If any question(s) 1-6 have been answered with "yes," please provide full details below: (dates, descriptions, amounts, or other explanation)

_____

_____

_____

_____

_____

***Must provide a copy of a valid driver's license and auto insurance card**

_____ _____

Signed Date

Updated 8/26/25 RP