

AP 5 – 06 Exhibit I – Driver Registration

Exhibit I DRIVER REGISTRATION

cho	ol:	
rive	er's Name:	
ddr	ress:	Phone:
lbe	rta Driver's Licence Number:	Class:
xpi	ry Date:	
	Has your driver's licence been suspended, or have you been convicted of any criminal offence under the <i>Traffic Safety Act</i> during the last three years?	
	Yes: No:	
2.	Name of company you are insured with:	
	Company:	
	Policy Number:	
	Expiry Date:	
•	Are you endorsed by your insurance company to carry passengers?	
•	Copy of Criminal Record Check Yes:	
	I agree to abide by the requirements of all provincial operation of motor vehicles and the traffic by-laws driver for school functions. I undertake to report to the which occurs after the date of this authorization and during the school of the school functions.	of any municipality while acting as a volunteer the principal all accidents or suspension of license
	Signature of Volunteer Driver	Date

OFFICE USE ONLY – Attachment

Certificate of Insurance, indicating \$2,000,000 Third Party Auto Liability

*Note -Each private vehicle shall carry \$2,000,000 Third Party Auto Liability