

MISSISSIPPI BAPTIST CONVENTION BOARD

APPLICATION FOR "QUALIFIED DRIVER" STATUS

Mississippi Baptist Convention Board
515 Mississippi Street
Jackson MS 39201-1702

Employee

Volunteer

Date: _____

(name)

Address: _____
(street) (city) (state) (zip code)

Addresses for the past three years:

Dates	Street	City	State	Zip Code
1)				
2)				
3)				
4)				

Date of Birth: ___ / ___ / ___

Driver's License Number: _____

Commercial Driver's License

Passenger Endorsement

Air-brake Endorsement

Vehicles qualified to operate: Car

Van

Bus

w/Trailer (towed by previously checked vehicle)

Past experience and/or training that qualifies applicant for operation of vehicle on church or school business:

Dates	Experience/Training
1)	
2)	
3)	
4)	

Driving Record — List all accidents and traffic convictions during past three years:

Dates	Nature of Accident/Traffic Conviction
1)	
2)	
3)	
4)	

Personal Auto Insurance Company: _____

Coverage Limits: _____ Umbrella Limits: _____

This application along with a copy of the applicant's driver's license must be submitted to, and approved by, the Business Office of the Mississippi Baptist Convention Board prior to an individual operating a vehicle on official MBCB business.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete, to the best of my knowledge, and that this attached copy of my driver's license contains current and accurate information.

(Date)

(Applicant's Signature)

CONSENT TO RELEASE RECORD(S)

DRIVER SERVICES POLICY: 6-9(A)

DRIVER NAME: _____ DL NO. _____ DOB: _____

By signing below, I voluntarily give consent to the Mississippi Department of Public Safety to release the following record(s), including personal information within my driver license file. I request the record(s) indicated by my signature below to be released by the Department of Public Safety, their agents and employees, to the following person, company, corporation or legal entity:

RELEASE RECORD/INFORMATION TO: Mississippi Baptist Convention Board

_____ MVR Summary

_____ Other Record (SPECIFY)

(DRIVER'S SIGNATURE OF CONSENT)

STATE OF MISSISSIPPI

COUNTY OF _____

PERSONALLY appeared before me, the undersigned authority in and for the county and state aforesaid, the within named _____, who states upon his/her oath and personal knowledge that all matters, facts and things set forth in the above and foregoing document are true and correct as therein stated.

(DRIVER'S SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of _____, 20 _____.

(MY COMMISSION EXPIRES)

(NOTARY PUBLIC)

(DATE)

Barri A. Shirley
(PRINT - RECIPIENT OF RECORD)

(SIGNATURE OF RECIPIENT OF RECORD)

Mississippi Baptist Convention Board, P O Box 530, Jackson MS 39205
(ADDRESS OF RECIPIENT OF RECORD)

NOTICE: As required by the Federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, the Mississippi Department of Public Safety will not release personal information from your driver record unless you consent by waiving your right to privacy under the DPPA; OR, unless the Department is required by DPPA to release personal information without your consent, such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws; or unless the DPPA authorizes the Department to release it, such as to governmental entities, courts, insurance companies and to others specified.

~~You may mail the form with an \$11.00 money order per request to:~~

Department of Public Safety
Attn: MVR
1900 E. Woodrow Wilson
Jackson, MS 39216