# 

# DRIVER / TRANSPORTATION FORM

# TRANSPORTATION SURVEY (Please send to KY WMU by April 1th)

Please fill out all pertinent information for each vehicle and driver:

Driver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Attending (circle): Russellville Somerset Shelbyville

**VEHICLE INFORMATION:** (Please photocopy this page if your have more vehicles)

**Vehicle #1:** Type of vehicle: \_\_\_\_ Mini-Bus \_\_\_ Van \_\_\_ Bus \_\_\_ Car

Registration State \_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Total number of passengers it carries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be removing seats for luggage storage? \_\_\_\_ Yes \_\_\_\_ No. If yes, what is the

total number of passengers your vehicle carries after seat removal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicle #2:**  Type of vehicle: \_\_\_\_ Mini-Bus \_\_\_ Van \_\_\_ Bus \_\_\_ Car

Registration State \_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Total number of passengers it carries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be removing seats for luggage storage? \_\_\_\_ Yes \_\_\_\_ No. If yes, what is the

total number of passengers your vehicle carries after seat removal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicle #3:** Type of vehicle: \_\_\_\_ Mini-Bus \_\_\_ Van \_\_\_ Bus \_\_\_ Car

Registration State \_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Total number of passengers it carries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be removing seats for luggage storage? \_\_\_\_ Yes \_\_\_\_ No. If yes, what is the

total number of passengers your vehicle carries after seat removal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\**Please attach copies of Driver Licenses for all Drivers.*