



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.*