



1790 W. 11th Avenue, Suite 290 -?PO Box 23338 -?Eugene -?OR -?97402
(541) 686-1262
FAX (541) 686-0359

REQUEST FOR APPROVAL TO DRIVE AGENCY VEHICLES

Name _____
Please Print clearly

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Oregon Driver License # _____

Year licensed _____ * (A minimum of three years is required)

Longevity in this area (*Eugene/Springfield*) _____

Other State Driver License: State _____

If request is for van, describe your experience driving a van:

Signature _____ Date _____

By your signature you attest that all information above is true and correct and that you give permission to Smith & Crakes Insurance Co. to order a Motor Vehicle Report and to share that information with Lane ShelterCare, Inc. for the purposes of determining eligibility to drive agency vehicles.

Program Manager/Assistant Manager request approval _____

Vehicle to be driven _____ Program: _____

Smith & Crakes Administrative Response (687-2211)

Approval per Smith & Crakes Rec'd By (Name): _____ Date _____

Not Approved. Reason: _____

Hired Not hired Date _____