



Vanpool and RideVan Plus Driver Application

COMPLETE ALL FIELDS - 2121 Driver Application Revised 08/16/2021 Page 1/1

Van number: _____ or Vanpool Group ID: _____ Group contact: _____

Name as it appears on your license: _____ Date of birth: _____

License number: _____ Issuing state: _____

1. Do you have automobile liability insurance? Yes No

2. Have you been required by any state to file evidence of Financial Responsibility (SR-22)? Yes No
If yes, please explain: _____

3. How many motor vehicle accidents of any kind or cause have you as a driver been involved in during the past 3 years? _____

Please give full details below:

a) Date: _____ Location: _____

Damage to your vehicle? Yes No

Damage to other property? Yes No

Was anyone injured? Yes No

Description? _____

b) Date: _____ Location: _____

Damage to your vehicle? Yes No

Damage to other property? Yes No

Was anyone injured? Yes No

Description? _____

I certify that I do not have any medical conditions or take any medications that interfere with my ability to safely operate a UTA Vehicle. In the event I develop a medical condition or begin taking medication that interferes with my ability to safely operate a UTA Vehicle, I agree to immediately stop driving the Vehicle. Examples of health conditions that may interfere with the ability to safely operate a UTA Vehicle include, but are not limited to: visual disabilities, deafness, paralysis, seizure disorders, loss of consciousness, diabetes, neurological conditions, severe mental disorders, cardiovascular disorders, etc. Examples of disqualifying medications include, but are not limited to, medications that contain prohibitions on driving. I further certify that the information provided in the Driver Applicant portion of this Application is true and correct and agree to submit a new application should any of the information provided above change. I understand that I am prohibited from using any electronic handheld device while driving a UTA Vehicle. I agree that I will not drive a Vehicle until I have received approval by UTA Vanpool to do so.

As a condition of participating in the UTA Vanpool administered by UTA, I agree to read and comply with the UTA Vanpool Terms and Conditions and the UTA Vanpool Operations Manual, of which copies are found at <https://www.rideuta.com/Services/Vanpool/My-Vanpool-Account/Applications-Agreements-Rider-Forms>. I understand and acknowledging that this Agreement, along with the aforementioned documents, establish my rights and responsibilities as a participant and a Driver in the UTA Vanpool Program. As a Vanpool Participant and Driver, I understand that UTA may store my personal information in an electronic database. I understand this Agreement shall be effective on the date signed and shall continue in force until either party gives fifteen (15) days' notice of an intent to terminate. I understand that I must give notice of termination to the group point of contact and the UTA Vanpool Department.

Printed name: _____ Signature: _____ Date: _____