



California Access to Recovery Effort

(CARE 3)

Revised June 2013

DRIVER INFORMATION (FOR TRANSPORTING CARE CLIENTS)

Organization/Entity Name:	CARE Provider #:
Employee Driver Name:	Driver Personal Address:
Driver License #	Expiration Date:
How long have you had your license?	_____ Years _____ Months
If the answer to any of the following questions is "Yes," include an explanation. Attach additional pages if necessary.	
1. Does your license have any restrictions?	_____ No _____ Yes; explain:
2. Has your licensed ever been suspended or revoked?	_____ No _____ Yes; explain:
3. Have you been convicted of a driving-under-the-influence offense in the last 10 years?	_____ No _____ Yes; explain:
4. Have you ever been involved in an accident which involved a fatality?	_____ No _____ Yes; explain:
5. Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea?	_____ No _____ Yes; explain:
6. Do you have experience transporting people commercially?	_____ No _____ Yes; explain:

Your signature on this form attests to the validity of this information and that a current copy of your CA DMV record was submitted to your employer.

_____ Date _____

Driver Signature

Printed Name