



APPROVED TRANSPORT DRIVER APPLICATION FORM

HUMANE SOCIETY OF BLUE RIDGE (HSBR)

PLEASE PRINT

Driver's Name (as it appears on driver's license): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Driver's Date of Birth: _____ DL Number: _____

Personal Auto Insurance Company: _____

Do you have any impairment other than glasses that may limit your ability to drive safely? _____

If yes, please describe: _____

Number of NOT-at-fault accidents in the past 3 years: _____

Number of AT-fault accidents in the past 3 years: _____

Number of speeding violations in the past 3 years: _____

Number of other traffic violations in the past 3 years: _____

Have you been arrested for a DUI in the past 3 years: _____

I HAVE READ THE APPROVED DRIVER POLICY AND CELL PHONE SAFETY. I MEET ALL THE CRITERIA FOR APPROVAL. I UNDERSTAND THAT MY APPROVAL IS VALID FOR TWO YEARS AT WHICH TIME IT IS MY RESPONSIBILITY TO SUBMIT TO THE APPLICATION PROCESS AGAIN FOR RENEWAL.

Humane Society of Blue Ridge Approved Driver Policy and Cell Phone Safety

ALL APPROVED DRIVERS MUST BE AGE 21 OR OLDER

The use of a cell phone while you are driving is prohibited. Drivers need 100% of their attention to do one thing – operate the motor vehicle.

Safety Tips:

- Use your cell phone only when parked, or have a passenger use it
- Never dial the phone or take notes while driving
- If your phone rings while driving, let the call go to voice mail
- Make sure the phone is easy to see and reach, but only for use in emergencies

I acknowledge that when I am an approved driver, any change in my driving record that may negatively impact my standing as an approved driver **MUST** be reported to HSBR as soon as possible, not to exceed 3 business days after a change.

I understand that failure to report a change in my driving record can and will immediately revoke my rights as an approved driver.

In the event that I am operating a vehicle on behalf of HSBR without being a valid and current approved driver, I agree to hold HSBR harmless from any and all claims, actions, and judgements, including all costs of defense and attorney fee's arising from my use of a vehicle.

DATE: _____ SIGNATURE: _____

PLEASE SUPPLY THE FOLLOWING TO COMPLETE YOUR APPLICATION:

- Obtain a 3-Year Motor Vehicle Record (MVR) from DDS
- Supply a copy of your Driver's License
- Return your completed application

You can either mail these items to HSBR, PO Box 2126, Blue Ridge, GA 30513

Or, you can email them to humanesociety@etcmail.com

Or, you can drop these items off at the Adoption Center located at 171 Mineral Springs Road, Blue Ridge, GA

Once your items are received, you will be contacted for a brief interview