

# DRIVER INFORMATION

(Please print clearly when filling out the form)

CHURCH / ORGANIZATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVER LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Enclose a Copy of Driver's License

Enclose \$10.00 for Enrollment Fee

***Without these two requirements your request will not be processed***

**(Checks Payable to Greater New York Corporation of Seventh-day Adventists)**

**PLEASE REMOVE THESE DRIVERS:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Please fill out this driver information form to add or remove drivers.**

Approved by Board on: \_\_\_\_\_

\_\_\_\_\_  
Board Chair/ Pastor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Church Clerk

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

**Payment Received:**

**Enrolled in LENS:**

**Attended Safety Class:**

**Date:** \_\_\_\_\_

*Please submit this form with copy of the Driver's license and the check for the enrollment fee to:*

*Greater New York Corporation - P.O. Box 5029 Manhasset, NY 11030*

*Fax 516-210-0572 Email: atrejos@gnyc.org or corporation@gnyc.org*