

# ALTERNATIVE VEHICLE DRIVER INFORMATION REQUEST FORM/DPPA AUTHORIZATION

Please type or legibly print one form per individual and mail to:

Diocese of La Crosse  
Safe Environment Program Coordinator  
3710 East Avenue South, PO Box 4004  
La Crosse, WI 54602-4004

Legal Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Wisconsin Driver License Number: \_\_\_\_\_

- YES** **NO**
- ☐ ☐ Have you ever been convicted of a crime or other offense listed under § 343.12(7), Wis. Stats., or Ch. Trans. 112.15 WI Admin. Code within the time frame listed on the attached list of crimes?
- ☐ ☐ Have you ever had any driver's license suspended or revoked?
- ☐ ☐ Are you currently listed on any sex offender registry?
- ☐ ☐ Are you currently listed on any nurse abuse registry?

Explain "YES" Answers:

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- YES** **NO**
- ☐ ☐ Have you been a resident in another state within the previous 2 years?

If you checked "YES," list all other state(s) in which you have been a resident during the previous two years:

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## Applicant Statements:

As an alternative vehicle driver, I agree to report in writing to **Diocese/Parish/School (for which I am performing service)**, within **10 days**:

1. Any accident in which I was involved as the operator of any motor vehicle regardless of who was at fault or if citations were issued;
2. **Any citation I receive for a moving traffic violation;**
3. Any conviction or operative privilege withdrawal listed under § 343.12(7), Wis. Stats., or Ch. Trans. 112.15 WI Admin. Code that makes the operator ineligible to operate a motor vehicle to transport pupils;
4. If I hold a school bus endorsement, any incidents that would disqualify me for holding that endorsement;
5. Any suspension or revocation of my operative privilege;
6. Any cancellation or my school bus endorsement of this state or another jurisdiction.

I understand that I may not falsify or provide incomplete information in respect to any material fact on this or any other background information form. **I understand that any failure to provide complete information, or a failure to timely notify the Diocese/Parish/School (for which I am performing service) regarding any of the above, may result in a revocation of driving privileges for the Diocese/Parish/ School and/or or discipline and/or up to and including termination.**

I also understand that it is my responsibility to report any new medical condition or a medical condition that has significantly changed since my last report.

**I understand that personal information contained in my Motor Vehicle Record is protected by the federal Driver Privacy Protection Act. I hereby waive any rights I have under the DPPA and authorize the release of my driver record, including my personal information, to the Diocese of La Crosse.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date