

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
Fax: 608-788-7055

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:

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:

Applicant Statements:

As an alternative vehicle driver, I agree to report in writing to my employer, 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 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;
- 3. If I hold a school bus endorsement, any incidents that would disqualify me for holding that endorsement;
- 4. Any suspension or revocation of my operative privilege;
- 5. 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 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 waiver 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