

**Private Vehicle Consent Form**

Sport Club: Sports Officials Association

I, Cameron Swoboda (PRINT), the undersigned, as driver of a vehicle for the above mentioned club, acknowledge my responsibility for the safety of the people riding with me. I will make every effort to drive within the limits of the law and always drive with discretion. I understand the university provides NO INSURANCE coverage for my travel or for the passengers in my vehicle. It is my responsibility to have current, up-to-date insurance to cover any accidents that may occur while traveling.

<u>1234 5678</u> FSU Card # (last 8 digits)	<u>2010 Plymouth PT Cruiser</u> Make and Model of Vehicle	<u>850-644-4925</u> Phone #
<u>S123-456-78-910-3</u> Driver License #	<u>FL</u> State	<u>11/14/2015</u> Expiration Date
<u>Progressive Direct</u> Auto Insurance Company	<u>123-5842-598-57</u> Policy #	<u>1035 Bobcat Way Apt. 72</u> Street Address
		<u>Tallahassee, FL 32304</u> City and Zip

Do you have any driving restrictions?      Yes       No

Have you been convicted of Driving Under the Influence of alcohol within the last 4 years?      Yes       No

Have you been convicted of reckless driving within the last 4 years?      Yes       No

Driver's License Expiration Date: 11/14/2015      Auto Insurance Card Expiration Date: 12/3/2010

**\*\* Copy of Driver's License and auto insurance card must be attached to this sheet. Please note that an auto insurance card is different than your vehicle registration card.**

\_\_\_\_\_  
Driver Signature    Date    Assistant Director Signature    Date

<b>Office Use Only</b>	Authorized for Travel? Y or N	If no, why: _____
Date Received: _____	Date License Received: _____	License Check? y n By: _____
Received By: _____	Date Insurance Received: _____	Insurance Check? y n By: _____