LP _____

CATHOLIC MUTUAL GROUP

The Diocese of San Bernardino

LISTA DE INFORMACIÓN DEL CONDUCTOR

Año _____ de la fiscal

La Parroquia/La Escuela &
DMV registrado propietario: _____
Direción: _____
Ciudad, Estado Zip: _____

Department or Entity #: _____

Driver		**Licencia de conducir**	**Estado**	**Tipo de clase**		**Emp / Vol**
Last Name	**First Name**					

*****Liability insurance requirement for personal vehicles must be verified. Bodily Injury Coverage must be a minimum of $100,000 per person/$300,000 per occurrence.***** **All drivers must be 25 years of age or older, possess a proper and current license and vehicle registration. There will be no exceptions.**

Persona que prepara el informe: _____

Fecha de elaboración: _____