

Self-Directed Transportation Application



Name of the Individual you are applying to drive for: _____

Applicant Full Name: _____

Date of Birth: _____ Social Security Number: _____

Gender: _____ Race: _____ (For Identification Only)

List any other names you have used or are known by: (Include maiden name)

Street Address: _____

City: _____ State: _____ Zip: _____

Driver's License Information State: _____ No _____

Expiration Date: _____

I have a valid Driver's License and will be driving the Participant

I understand that I must stop providing transportation to the Participant and let GT Independence know if any of the following occur:

- My driver's license becomes expired, suspended, revoked, restricted, or I get additional points on my license which puts me over the maximum of 6 points,
- My insurance expires or my registration lapses

By signing and submitting this application, I attest that I have a valid driver's license with less than 6 points, and valid auto insurance. I understand I must provide GT Independence with a copy of my valid driver's license and proof of auto insurance, and I must keep them current and valid ongoing. I understand that if it is later found that my driver's license or auto insurance was not valid, I would owe back the funds that I received during that time.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____