

Transportation Card

If you will be driving for Girl Scout activities, please complete the information on this form and return it to the troop leader. You will also need to have a criminal background check on file, please contact our Customer Care team at (800) 541-9852 if you do not have a completed background check.

In the event of an accident, the insurance carried by the owner of the vehicle is the primary applicable insurance. When transporting anyone in private vehicles during Girl Scout activities or on Girl Scout business, all passengers must have their own seats or booster seats and wear individual seatbelts, pursuant to state law. All drivers must be at least 21 years old and have had their license for at least 3 years. Thank you for helping make Girl Scouting a safe activity.

Name of Driver(s): #1:				#2:	#2:		
Address:							
Phone Number:				Troop	Troop Number:		
Driver #1 License Number:				Expirat	Expiration date:		
Driver #2 License Number:				Expirat	Expiration date:		
Driver #1 Aut	o Insurance C	Company Nan	ne:				
Expiration date:				Policy N	Policy Number:		
Driver #2 Aut	o Insurance C	Company Nan	ne:				
Expiration date:				Policy N	Policy Number:		
Driver #1 Age	e: Lic	ensed for ho	w many years	?: Bac	kground Che	eck complete: \Box	
Driver #2 Age	e: Lic	ensed for hov	w many years	?: Bac	kground Che	eck complete: \square	
Vehicle	Year	Make	License Plate #	Type (van, etc.)	# of seatbelts	Current Registration?	
#1							
#3							
related crimin	al convictions	s in the past 7	years?*	·	or more DUI's	s or other driving	
Driver #1: □`	Yes ⊔No	Dri	ver #2: □Yes	S ∐NO			
	ers: please co e else checks	•			efore transpo	orting others if	
I/we affirm that	at the informa	tion provided	on this form	is true and cor	rect.		
Signature(s):							
Dato:							