

## Boy Scout Troop 215

THE GREATER PITTSBURGH COUNCIL OF BOY SCOUTS REQUIRES THAT ALL DRIVERS FOR THE SCOUT TROOP SUBMIT THE FOLLOWING LICENSE AND INSURANCE INFORMATION. PLEASE COMPLETE AND RETURN THE FORM TO MR. KOLTASH.

ALL INFORMATION WILL BE TREATED IN A CONFIDENTIAL MANNER AND WILL BE ENTERED IN THE TROOP DATABASE. PERIODIC UPDATES WILL BE NECESSARY AS VEHICLES AND INSURANCE INFORMATION CHANGES.

YOUR COOPERATION IN THIS MATTER IS GREATLY APPRECIATED.

**ADULT DRIVER'S LICENSE** (fill out information from your photo ID card):

Driver One	DRIVER'S NAME: _____ D.O.B. _____
	LICENSE NUMBER : _____ EXPIRATION DATE : _____ STATE: _____

Driver Two	DRIVER'S NAME: _____ D.O.B. _____
	LICENSE NUMBER : _____ EXPIRATION DATE : _____ STATE: _____

### VEHICLE LICENSE PLATE

PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

Vehicle One	YEAR, MAKE & MODEL OF VEHICLE: _____
	OWNER: _____
	WILL <b>EVERYONE</b> WEAR A SEAT BELT? _____ NUMBER OF OCCUPANTS: _____

PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

Vehicle Two	YEAR, MAKE & MODEL OF VEHICLE: _____
	OWNER: _____
	WILL <b>EVERYONE</b> WEAR A SEAT BELT? _____ NUMBER OF OCCUPANTS: _____

### AUTOMOBILE INSURANCE

#### PUBLIC LIABILITY COVERAGE:

EACH PERSON: \$ \_\_\_\_\_ EACH ACCIDENT: \$ \_\_\_\_\_

PROPERTY DAMAGE COVERAGE: \$ \_\_\_\_\_