OCFS-0295 (Rev. 01/2004)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**FAMILY BOARDING CARE
DRIVER INFORMATION**

OPERATOR 1

NAME: **DATE OF BIRTH:**

ADDRESS:

DRIVER LICENSE NUMBER: **LICENSE PLATE NUMBER**

INSURANCE COMPANY: **POLICY EXPIRATION DATE**

**LIMITS OF BODILY INJURY
LIABILITY INSURANCE:**   **Each Person $**   **Each Occurrence $**

Have you ever been convicted of driving under the influence of alcohol or drugs or driving while ability is impaired by alcohol or drugs

☐ No   ☐ Yes   If Yes, provide additional information below.

Have you been convicted of any other traffic offenses in the past three years?   ☐ No   ☐ Yes   If Yes, provide additional information below.

Traffic Offense Information: (For each conviction, provide Date of Offense, Type of Violation, and Penalty, including suspensions or revocations. Also describe any accidents or injuries related to an offense. Attach additional sheet if needed.)

Operator Signature: Date:

OPERATOR 2

NAME: **DATE OF BIRTH:**

ADDRESS:

DRIVER LICENSE NUMBER: **LICENSE PLATE NUMBER**

INSURANCE COMPANY   **POLICY EXPIRATION DATE**

**LIMITS OF BODILY INJURY
LIABILITY INSURANCE:**   **Each Person $**   **Each Occurrence $**

Have you ever been convicted of driving under the influence of alcohol or drugs or driving while ability is impaired by alcohol or drugs:
☐ No   ☐ Yes   If Yes, provide additional information below.

Have you been convicted of any other traffic offenses in the past three years?   ☐ No   ☐ Yes   If Yes, provide additional information below.

Traffic Offense Information: (For each conviction, provide Date of Offense, Type of Violation, and Penalty, including suspensions or revocations. Also describe any accidents or injuries related to an offense. Attach additional sheet if needed.)

Operator Signature: Date: