

**AUTOMOTIVE DRIVER'S
AUTHORIZATION FORM**
(AP Form 557.1)



Date: _____

Driver's Information:

Name: _____

Address: _____

Driver's License #: _____

Expiration Date: _____

Have you held a minimum class 5 license for a period of five consecutive years?

_____ Yes _____ No

Do you have third party liability insurance in the amount of at least two million dollars (\$2,000,000)?

For more information, please refer to AP 557: Transportation in Private Vehicles.

_____ Yes _____ No

Driver's Signature

Principal's Signature