

DIOCESE OF ALLENTOWN TRANSPORTATION POLICY

Commercial carrier or contracted transportation is the most desirable method to be used and, whenever possible, this mode of transportation should be provided. The use of private passenger vehicles is discouraged and should be avoided if at all possible. If commercial carriers are used (e.g., commercial airlines, trains, or buses) no further information is required. However, if transportation is contracted, (chartered bus) signed contracts should be executed with an appropriate hold harmless agreement protecting the location and the Diocese. Also, contracted carriers should provide proof of insurance with minimum limits of liability of \$2,000,000 CSL (Combined Single Limit).

THE DIOCESE OF ALLENTOWN PROHIBITS THE USE OF 11- 15 PASSENGER VANS FOR TRANSPORTATION OF ANY PERSON(S).

ADMINISTRATIVE REQUIREMENTS

An Administrator from each location must view Catholic Mutual's on-line training video entitled *Church Transportation - Is it Necessary and Ministry Based?* This training must be completed by an administrator once every two years.

DRIVER REQUIREMENTS

ALL DRIVERS:

All individuals (employee or volunteer) driving on behalf of a parish, school or other diocesan location are required to complete the *Be Smart - Drive Safe* defensive driver training prior to performing any driving duties.

In addition, the following information must be supplied and certified by the driver in question:

1. All drivers must be 21 years of age or older.
2. The driver must have a valid, non-probationary driver's license and no physical disability that could in any way impair his/her ability to drive the vehicle safely.
3. Drivers must possess a current, valid driver's license for the type of vehicle they will be operating.

An individual will be prohibited from driving if:

1. The ten-year driving record includes a citation for:
 - a. Driving under the influence of alcohol or drugs
 - b. Hit and run
 - c. Failure to report an accident
 - d. Negligent homicide
 - e. Operating a motor vehicle during a period of suspension or revocation
 - f. Using a motor vehicle for the commission of a felony
 - g. Operating a motor vehicle without authority (grand theft)
 - h. Permitting an unlicensed person to drive
 - i. Reckless driving
 - j. Speed Contest (drag racing)
2. Loss history includes a total of three accidents and/or moving violations in the past 5 years.

* It is the responsibility of the driver to ensure that passengers adhere to the current State of Pennsylvania safety belt laws and regulations.

*Cell phones and other electronic devices are not permitted to be used while operating a motor vehicle.

EMPLOYEE DRIVERS

Employees driving in the course of their employment must have a **Motor Vehicle Record (MVR)** check completed.

VOLUNTEER DRIVERS

- A. A signed **Driver Information Form** for each individual driver must be obtained prior to performing any driving duties.
- B. Any volunteer who drives on a regular basis for diocesan/parish business should have a **Motor Vehicle Record (MVR)** check completed.

USE OF PRIVATE VEHICLES

If a private passenger vehicle will be used, the following requirements must be met:

- A. All privately owned vehicles used on behalf of the location must be insured. They must have a valid and current registration, license plates and proof of insurance card.
- B. The vehicle must be in safe operating condition.
- C. The private automobile insurance company of the owner of the vehicle will be the primary insurance carrier.
- D. The minimum liability limits for privately owned vehicles is \$100,000/\$300,000.

ACCIDENT REPORTING

If an accident occurs:

- 1. Obtain medical assistance, if needed, at the scene as soon as possible.
- 2. Contact local police, sheriff, or highway patrol authorities as required.
- 3. Exchange driver, vehicle and insurance information.
- 4. Report the accident/moving violation to the insurance agent.
- 5. Report the accident/moving violation to the Chancery.
- 6. Complete the Vehicle Accident Report

RECORD KEEPING

- A. Records pertaining to driver selection and training should be kept on file for a period of three years following termination of their driving privileges.
- B. Vehicle maintenance logs and vehicle inspections should be maintained for the duration of ownership of diocesan-owned or location-owned vehicles.
- C. All diocesan-insured vehicles must carry, at all times, a current vehicle proof of insurance identification card.



pennsylvania
DEPARTMENT OF TRANSPORTATION

REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 88895 • Harrisburg, PA 17108-8895

CHECK (✓) ONE ONLY:

- ☐ BASIC INFORMATION: \$10.00 FEE (Driver history is not included)
☐ 3 YEAR DRIVER RECORD: \$10.00 FEE
☐ 10 YEAR DRIVER RECORD: \$10.00 FEE (Employment Purposes Only)

- ☐ FULL HISTORY: \$10.00 FEE
☐ CERTIFIED DRIVER RECORD: \$34.00 FEE
☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$10.00 FEE
☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$34.00 FEE

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT's website at www.dmv.pa.gov

A REQUESTER INFORMATION NAME/COMPANY <p style="text-align: center;">Diocese of Allentown</p> ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> <p style="text-align: center;">1515 Martin Luther King Jr. Drive</p> CITY STATE ZIP CODE <p style="text-align: center;">Allentown PA 18102</p> DAYTIME TELEPHONE NUMBER (REQUIRED) (610) 871-5200 RELATIONSHIP TO DRIVER (REQUIRED) SIGNATURE X NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	B END USER OF INFORMATION BEING REQUESTED NAME/COMPANY ADDRESS <small>(P.O. Box not acceptable), need to provide physical location of business/residence</small> CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED) RELATIONSHIP TO DRIVER (REQUIRED)												
C DRIVER INFORMATION NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER DATE OF BIRTH DRIVER NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">MONTH</td> <td style="width: 10%;">DAY</td> <td style="width: 10%;">YEAR</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	MONTH	DAY	YEAR										D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.) I hereby Certify that _____ PRINTED NAME OF REQUESTER will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both. X _____ SIGNATURE OF REQUESTER Title _____
MONTH	DAY	YEAR											
E DRIVER RELEASE I _____ hereby request NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's Record to _____ NAME OF PERSON/COMPANY X _____ SIGNATURE OF DRIVER DATE	F MICROFILM TYPE OF DOCUMENT DATE OF VIOLATION <small>(see list of available documents below)</small> Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 												
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); border: 1px solid black; padding: 5px; margin-right: 5px;">NOTARIZATION</div> <div style="border: 1px solid black; padding: 10px; flex-grow: 1;"> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg); margin-right: 5px;">S E A L</div> <div style="border: 1px solid black; padding: 20px; flex-grow: 1; text-align: center;"> SIGN IN PRESENCE OF NOTARY </div> </div> </div> </div>													

MESSANGER NO.

DIOCESE OF ALLENTOWN
DRIVER INFORMATION FORM

Driver

Name	_____	Date of Birth	_____
Address	_____	Home Phone	_____
	_____	Cell Phone	_____
Driver's License #	_____	Date of Expiration	_____

Vehicle That Will Be Used

Name of Owner	_____	Year / Make of Vehicle	_____
Address of Owner	_____	Model of Vehicle	_____
	_____	Date of Expiration	_____
License Plate #	_____		

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Insurance Information

Insurance Company	_____	Liability Limits of Policy*	_____
<i>(Please note: minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)</i>			
Policy #	_____	Date of Policy Expiration	_____

*** Please be aware that as the driver of this vehicle, your insurance is primary***

***Driver **MUST** complete the **Be Smart – Drive Safe** on-line training ***

Driving Record

- 1) I certify that I have NOT had a conviction for any of the following violations in the past ten years:
- Driving under the influence of alcohol or drugs
 - Hit and Run
 - Failure to report an accident
 - Negligent homicide
 - Operating a Motor Vehicle during a period of suspension or revocation
 - Using a Motor Vehicle for the commission of a felony
 - Operating a Motor Vehicle without authority (grand theft)
 - Permitting an unlicensed person to drive
 - Reckless Driving
 - Speed Contest (drag racing)
- 2) I certify that my driving record does not include a total of three accidents and/or moving violations in the past five years.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used for a parish, school or diocesan location activity or business. I have successfully completed the BE-SMART, DRIVE SAFE on-line training. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature

Date