



ADDITIONAL AUTHORIZED DRIVER REGISTRATION FORM

This form must be filled out annually or any time there is a change to the information provided below.

In order to be eligible to participate in the Program, individuals must:

1. Be at least 25 years of age;
2. Have a valid and current Washington ("WA") State Driver's License;
3. Have adequate primary motor vehicle insurance; and
4. Be providing a driving service on behalf of an eligible Veteran who has an approved registration form on file.

In addition, individuals will be required to adhere to the following COVID-19 protocols as a condition of participating in the Program:

1. Wear a mask at all times while in a Veteran ride share vehicle unless all persons in the vehicle are fully vaccinated (defined as two weeks after receiving a second shot of Pfizer or Moderna or one dose of Johnson & Johnson) Certify that the individual does not currently have and has not within the past fourteen (14) days experienced any symptoms associated with COVID-19, including but not limited to fever, cough, or shortness of breath; and
2. Agree to participate in contract tracing for the purpose of tracking COVID-19 exposure.

To participate in the Program, eligible Veterans must submit the below registration form and submit copies of the following:

1. A valid, unexpired, government-issued WA State Driver's License. Digital licenses will not be accepted. The driver's license must be valid for the entire period of borrowing the Veteran's Vehicle. Note: Copies of driver's licenses, learner's permits, and any license which, on its face, restricts the licensee to the use and operation of a vehicle equipped with a form of a breathalyzer apparatus, will not be accepted. Temporary driver's licenses may be refused if Tribal Administration is unable to otherwise verify the Veteran's identity or Verify the authenticity of the temporary license; and
2. Proof of the current minimum required automobile insurance coverage for Washington.



Basic Information:

Driver Name: _____

DOB: _____

Address: _____

Phone: _____

Email: _____

Preferred method of communication: Email Mail Phone

Emergency Contact Name/Phone and Relation: _____

How did you hear about this program: _____

Driver License Information:

Name: _____

Driver License #: _____

Address: _____

Issue Date: _____

Expiration Date: _____

Do you have any actions against your license? YES NO

Insurance Information:

Insurance carrier: _____

Policy #: _____

Phone #: _____



I certify the information provided on this registration form is accurate and true to the best of my knowledge. The Tribe reserves the right to verify any information necessary and may process a background check at their discretion.

Print Name: _____

Signature: _____

Date: _____

This form only needs to be submitted once per year unless otherwise directed by the Tribal Administrator. Along with this form please submit a copy of the following for annual registration approval:

- Copy of your driver's license
- Copy of your insurance card if you will be driving the vehicle

At time of vehicle check out, you will need to fill out the Borrowers Waiver and Release of Liability Agreement which can found on the website or will be available at time of pick up for you to review and sign.