



**State Employees Commuter Association, PO Box 14373 Albuquerque, NM 87191-4373**  
**1-866-732-2826 - (505)-410-1742 - sec4809@seca-vanpools.org**

## DRIVER APPLICATION

Route# \_\_\_\_ Driver Will Be: [ ] Primary [ ] Co-Driver/Backup DDC attached or date, time, place scheduled \_\_\_\_\_

Applicant's Name (print) \_\_\_\_\_ email: \_\_\_\_\_

Cell: \_\_\_\_\_ work: \_\_\_\_\_ home: \_\_\_\_\_ emergency: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Exact Night Time Location of Van: \_\_\_\_\_

Employed by \_\_\_\_\_ Where: \_\_\_\_\_ Exact Day Time Location? \_\_\_\_\_

New Mexico Driver's License # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driving Record: If you have had an accident or moving violation citation in the last 3 years, you must submit a copy of your Motor Vehicle Record (available at any MVD office) with this application. **If you have a DUI or school zone violation, you are ineligible to drive a SECA van for at least 5 years after the conviction. If any charges are pending, you may not operate a SECA van until they are adjudicated.**

### Statement of Responsibility

As a SECA Vanpool Driver, I recognize that I must: have a valid driver's license; be medically fit at all times to operate a SECA vehicle; comply with all requirements set forth by the Public Regulatory Commission for drivers of non-profit commuter vanpools; comply with SECA ByLaws and Policies and Procedures and maintenance requirements; and, comply with state, local, and federal driving laws. By my signature below, I affirm that I have no medical condition which could impair my ability to safely drive a SECA van and that I am not taking medication (prescription or non-prescription) which could impair my driving ability. I agree to report any accident, bodily injury, or property damage involving the vanpool vehicle promptly to the SECA office and obtain copies of any and all reports regarding any damage to the SECA vehicle or bodily injury to a member of SECA. Further, by my signature below, I authorize SECA to have my driving record checked at any time during the period I am a SECA driver. I agree to immediately notify the SECA office if given any moving violation citation of any kind whether received in a SECA van or in my personal vehicle. I know that I am not authorized to drive any SECA van until my Van Coordinator has been notified in writing of my approval and inclusion on SECA's insurance policy.

\_\_\_\_\_  
Applicant's Signature

Route # \_\_\_\_\_ Date \_\_\_\_\_

SECA Form DA Jul 2004