

DIOCESE OF LA CROSSE

CHECKLIST FOR EMPLOYEE/VOLUNTEER VEHICLE USE

FORM I

_____ **COPY OF CERTIFICATE OF INSURANCE**

The Operator of the vehicle should provide a new one of these each year.

FORM II

_____ **VEHICLE INSPECTION REPORT**

All vehicles must be inspected every year. Arrangements to have these done should be made by contacting the vehicle safety coordinator for the Diocesan Institution, Parish or School.

FORM III

_____ **COPY OF OPERATOR'S LICENSE**

Simply make another copy of the driver's license.

FORM IV

_____ **COPY OF OPERATOR'S DRIVING RECORDS
FROM MOTOR VEHICLE DEPARTMENT**

You only need a new one of these if there has been a change in the record. You can determine this by simply asking the employee. If there is no change in the record, have the employee sign and date it to signify that the information is correct.

Signature of Vehicle Safety Coordinator

Date

FORM I
CERTIFICATE OF INSURANCE

Attach the Certificate of Insurance to this form. (Operator can obtain this by simply calling his/her insurance company).

FORM II

VEHICLE INSPECTION REPORT

Vehicle Model _____ Year _____
 Vehicle Color _____ License # _____
 Owner's Name _____
 Address _____

	<u>O.K.</u>	<u>NEEDS REPAIR</u>
Brakes	_____	_____
Brake Lights	_____	_____
Tail Lights	_____	_____
Head Lights (low beam)	_____	_____
Head Lights (high beam)	_____	_____
Back-up Lights	_____	_____
Emergency Flashers	_____	_____
Turn Signals (left)	_____	_____
Turn Signals (right)	_____	_____
Steering	_____	_____
Horn	_____	_____
Glass (front window)	_____	_____
Glass (back window)	_____	_____
Glass (left side)	_____	_____
Glass (right side)	_____	_____
Mirrors (rearview inside)	_____	_____
Mirrors (rearview driver's side)	_____	_____
Exhaust System	_____	_____
Windshield Wipers	_____	_____
Tires (front) at least 2.32 inch tread	_____	_____
Tires (rear) at least 2.32 inch tread	_____	_____
Bumper (front)	_____	_____
Bumper (rear)	_____	_____
Fender (left side)	_____	_____
Fender (right side)	_____	_____
Shock Absorbers	_____	_____
Seat Belts	_____	_____

By my signature below, I certify that I have inspected the above named motor vehicle for the above safety features and find that they are as indicated on this form. I understand that by signing this form, I am only providing information for the use of the Diocese of La Crosse, and am not responsible for the safety of this vehicle or any of its operations.

Signature of Inspector

Date of Inspection

Signature of Vehicle Operator

Date

DIOCESE OF LA CROSSE

FORM III

COPY OF OPERATOR'S LICENSE

Attach a photocopy of the operator's drivers license to this page.

VEHICLE / DRIVER RECORD INFORMATION REQUEST

Wisconsin Department of Transportation

MV2896 3/2000 Title 18 USC Section 2721-2725 and s.19.36(1) Wis. Stats.

NOTE: This form may be photocopied for future use.

This form is also available in .pdf format on the DOT website at www.dot.state.wi.us/dmv/records.html.

This request must be completed before information about a Wisconsin vehicle/driver record can be obtained.
 Knowledge of what access and uses are permitted under the listed Federal Acts is the responsibility of the requester.

Section A - Requester Information

Name - Firm, or Corporation	DMV Agency Code/Account # - If Applicable	Area Code-Telephone 7:00 a.m. - 4:30 p.m.	
Name - Person Completing This Form		Area Code-Telephone #	
Street Address	City	State	Zip Code
Mailing Address (If Different from Above)	City	State	Zip Code

Section B - Request for Record Information - Complete if requesting individual driver/vehicle records only. This is not for DMV account holders.

I (we) request the following record information:

Driver License Record Information - Please complete the following information for each individual driver record that you are requesting.

Name of Person about whom record(s) are being requested	Wisconsin Driver License Number	Birth Date
1		
2		

Motor Vehicle Record Information - Please explain request in Comments area below.

Vehicle Year	Make	Vehicle Identification Number	Current Plate No. or DisID No.	Information Requested	
				Current	History
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>

Comments - Please be specific when describing your request, for example, lien information, a complete history, current owner only, etc.

Section C - Authorization - Please check the statement below that allows you authorization to obtain personal information. Sign certification.

I (we) are authorized under the Federal Driver's Privacy Protection Act to obtain the identified records and personal information based on the following:

- 1. Authorized for use, if the requester demonstrates that they have obtained the written consent from the person about whom the information pertains. This is not for DMV account holders.
 - (a) I am requesting a copy of my own record.
 - (b) I am a parent or legal guardian of a minor child and am requesting a copy of his/her record.
 - (c) I am requesting the record of another person and have attached their written consent.
- 2. For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of the Automobile Information Disclosure Act, The Motor Vehicle Information and Cost Saving Act, The National Traffic and Motor Vehicle Safety Act of 1966, the Anti-Car Theft Act of 1992, and the Clean Air Act.

Please sign on the reverse side.

- 3. A government agency (federal, state, or local) or employed by such, for the purpose of the government agency to carry out its functions.
- 4. A federal, state, circuit, local, or tribal court, or employed by such, for the purpose of the court to carry out its functions.
- 5. A Wisconsin or out-of-state law enforcement agency, or employed by such, for the purpose of the law enforcement agency to carry out its functions.
- 6. Authorized representative, agent, contractor, or employed by such, of a legitimate business and the vehicle/driving record being requested will be used for normal course of business, but only to:
 - a. Verify accuracy of the personal information;
 - b. Obtain correct information, but only for purposes of preventing fraud, pursuing legal remedies, or collecting a debt.
- 7. Authorized for use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, circuit, local, or tribal court or agency, or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state, circuit, local, or tribal court.
- 8. Authorized for use in research activities and producing statistical reports, as long as the personal information is not published, redisclosed, or used to contact individuals.
- 9. Authorized representative, agent, contractor, or employed by such, of an insurer, insurance support organization or self-insured entity and the vehicle/driving record(s) being requested will be used only in connection with the following:
 - a. Claims investigation;
 - b. Anti-fraud activities;
 - c. Rating or underwriting.
- 10. Authorized for use in providing notice to the owners of towed or impounded vehicles.
- 11. Authorized representative or owner of a licensed private investigative agency or licensed security service and the vehicle/driving record is being requested for the use of purposes permitted under the Federal Driver's Privacy Protection Act.
- 12. Authorized as an employer, or its agent or insurer for use in obtaining or verifying information relating to a holder of a commercial driver license (CDL).
- 13. Authorized representative or owner of a private toll transportation facility for use in the operation of the facility.

I (we) certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in penalties imposed under Title 18 U.S.C. Section 2724.

X

(Requester Signature)

(Date Signed)

Fees:

\$3.00 per driver, or vehicle, or DisID record and \$0.25 per photocopy
 An additional fee of \$3.00 is required for certification of documents.

Make check or money order payable to: **Registration Fee Trust**

NOTE: Incomplete or incorrect information provided in section "B" may result in an additional \$3 fee per record.

Mail to:

(Attach completed request and fee)
 (If requesting both vehicle and driver records, mail to either location)

Vehicle Records Section
 Wisconsin Department of Transportation
 PO Box 7911
 Madison WI 53707-7911

OR

Driver Records Section
 Wisconsin Department of Transportation
 PO Box 7995
 Madison WI 53707-7995

Please attach a stamped, self-addressed envelope for return of the requested information.