

DRIVER VERIFICATION
Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

I certify that I:

- Am 18 years of age or older.
- Have a valid driver's license.
Expiration Date: _____
- Have a valid vehicle registration on the vehicle used to transport children.
Expiration Date: _____
- Have current no fault insurance on the vehicle used to transport children.
Expiration Date: _____

I agree to:

- Take Child Information Records (BCAL-3731) for each child transported in my vehicle.
- Have a first aid kit with required contents in my vehicle.
- Ensure that each child passenger restraint device and safety belts in the vehicle are in safe working condition and comply with manufacturer's specifications.
- Ensure that each child in the vehicle will remain seated and properly restrained in compliance with Michigan law.
- Inform you and NOT transport children if:
 - My driver's license has been revoked or suspended.
 - My vehicle insurance has lapsed or been revoked.
 - My vehicle registration has lapsed.
- Provide the Bureau of Community and Health Systems with copies of my driver's license, vehicle registration and proof of insurance upon request.

Driver Name

Driver Signature

Date

I have visually inspected all documents listed above:

Caregiver Signature

Date

LARA is an equal opportunity employer/program.