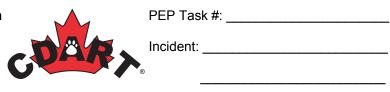
## **Canadian Disaster Animal Response Team**

Box 235, 113 – 437 Martin Street Penticton, BC. V2A 5L1

Ph: 250-494-5057 Fax: 250-493-0607

Email: info@cdart.org



## PRE-AUTHORIZED HAULER / MOTOR VEHICLE DRIVER INSURANCE VERIFICATION FORM

Name of Vol	unteer Driver:						
Driver's License #		Class:	Expiry	Date:			
VEHICLE							
Year:	Make:		Model:	License #:		Colour	:
Is this vehicle in sound mechanical condition?				☐ YES	□NO		
Do you cu	rrently have auton	☐ YES	□ NO				
What amount of liability insurance do you currently carry?				☐ \$1 mill	ion 🛭 \$2 i	million	☐ \$3 million+
TRAILER							
Year:	Make:		Model:	License #:		Colour	:
Capacity:		GVW:					
Is this trailer in sound mechanical condi			ion?	☐ YES	□NO		
Do you currently have liability insurance coverage on this unit?				☐ YES	□NO		
What amount of liability insurance do you currently carry?				□ \$1 million □ \$2 million □ \$3 million+			
voluntarily. I agree to:			Volunteer Application ar		orrect, and n	ave be	en given
	3 3 7 1 1 1 1						
	<ul> <li>□ wear appropriate uniform or clothing</li> <li>□ log in and out</li> </ul>						
☐ record time out/mileage							
	□ keep in radio/telephone communication with the base operation						
_	obey the rules of the road						
	always adhere to safety regulations						
CDART, th	e Local Authority a atsoever for supply	and the Proving such inf		am (Emerge	ncy Manage	ment E	BC) from any
			services as a Volunteer emergency I am assigne				
Applicant's	Signature			Date			