



Certification of Valid Driver's License and Current Insurance Coverage

The contents of this form address VRPM policies 2.4 and 3.44.

I, (print volunteer's name) _____,
certify that I have a valid driver's license and current automobile insurance
coverage. In the event that my automobile insurance policy lapses, I agree
to notify my SMP program supervisor immediately.

SMP volunteer: _____ Date: _____

Coordinator of volunteers: _____ Date: _____

Insert date