



Scott County Jail

TRANSPORTATION AUTHORIZATION

Full Name _____ Date of Birth: _____

INMATE DRIVING SELF:

D.L. # _____ D.L. State: _____ Vehicle make _____

Vehicle Model _____ License Year: _____ License Plate # _____

Insurance Company: _____ Policy #: _____

DESIGNATED DRIVER #1

Full Name _____ Date of Birth: _____

D.L. # _____ D.L. State: _____ Vehicle make _____

Vehicle Model _____ License Year: _____ License Plate # _____

Insurance Company: _____ Policy #: _____

DESIGNATED DRIVER #2

Full Name _____ Date of Birth: _____

D.L. # _____ D.L. State: _____ Vehicle make _____

Vehicle Model _____ License Year: _____ License Plate # _____

Insurance Company: _____ Policy #: _____

YOU MUST SUBMIT CURRENT COPIES OF YOUR AUTOMOBILE INSURANCE CARDS AND DRIVER'S LICENSE, OR THAT OF YOUR PROPOSED DRIVERS, WITH THIS TRANSPORTATION DOCUMENT.

I have received all of the above information and documentation and I authorized the above transportation arrangements.

Program Officer

Date