**Tour Driver Request Form**

Email to: info@pinkfiretrucks.org

Date of Request:

Legal Name: (First) (Middle) (Last)

Address:

City: State: Zip:

Phone: Fax:

Email:

DOB (needed for flights):

What is the best airport for you to fly in/out of?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12 days\_\_\_\_\_\_ 14 days\_\_\_\_\_\_\_\_ 18 days\_\_\_\_ Have you been on tour before? \_\_\_\_\_\_

Rank in Dept : T-Shirt Size \_\_\_\_\_\_\_\_\_

City of Employment :

**Are you a volunteer fire fighter? If so, how long? Retired? If so, how long?**

*Do you hold a current CDL to drive fire trucks?\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Do you have experience pulling a trailer?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Current drivers license #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Do you have a current passport?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\*\*\*Due to the high volume of requests to go on tour we **must limit the travel time** of each driver to no more than at **21 days** so all have an opportunity to participate.

**Disclaimer: Due to insurance regulations, all Tour drivers of the fire trucks must be fire, police and/or on the board of directors of the Pink Heals Inc. organization.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(admin use below line)**

**Driver confirmed from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purchased:**

**Flight IN \_\_\_\_\_\_\_\_\_\_ OUT\_\_\_\_\_\_\_\_\_\_ Packet Sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_**