



# APPLICATION FOR SPECIALTY RENTAL

**ALL DRIVERS MUST COMPLETE AN APPLICATION PRIOR TO RENTAL**  
Please Print and Complete Every Section In Full

**NO SMOKING IN VEHICLES, MINIMUM \$250 CHARGE APPLIED**

## DRIVER'S INFORMATION

Full Name: \_\_\_\_\_  
FIRST INITIAL LAST NAME

Address: \_\_\_\_\_  
STREET SUITE/APT

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
**(MINIMUM OF 25 YEARS OF AGE)**

## DRIVER'S LICENSE INFORMATION

Drivers License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Restrictions: \_\_\_\_\_

Any accidents or tickets in the last 5 years? \_\_\_\_\_  
YES NO

If Yes Please Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_