**APPLICATION FORM If you ARE VERY SERIOUS to Join The Pink Buddies / Pink Bus PLEASE COMPLETE (TYPE) ALL INFO BELOW**

**Then forward by WhatsApp to 0842452222 or Email info@pinkbus.co.za**

|  |
| --- |
| **Drivers Info** |
| Name |  |
| Surname |  |
| Cell Number? |  |
| ID Number |  |
| Marital Status? |  |
| Wife’s Name and **Cell Number** |  |
| Residential Address |  |
| City/Town |  |
| Email Address |  |
| **Vehicle Details**: Year |  |
| Make of Car e.g. VW |  |
| Bus/Car/Utility/Sport/ SUV/Bakkie/Mini-Bus |  |
| Name eg. Golf |  |
| Registration Number |  |
| CC e.g. 1500 or 2 Litre |  |
| Colour |  |
| ODO Meter (Km on Clock?) |  |
| Petrol or Diesel? |  |
| **Vehicle Accessories** |
| Tow Bar |  |
| Radio – CD Player |  |
| Aircon |  |
| Wi-Fi |  |
| Vehicles Departure Address |  |
| Do you smoke in your Vehicle? |  |
| Smoking Allowed in Vehicle |  |
| **Vehicle GPS Coordinates Click https://www.gps-coordinates.net/my-location** |
| Latitude |  |
| Longitude |  |
| How Many Comfortable Passengers |  |
| Luggage Capacity- Cases? |  |
| Luggage Space Small/Medium/Spacious |  |
| Do you own a Trailer? If so Size? Small/Medium/Large |  |
| Trailer Registration Number |  |
| **VEHICLE INSURANCE** |  |
| Your **Insurance** Company |  |
| Insurance up to Date? |  |
| **Hours Available**  |
| START DAY AT ?  |  |  End Day at ? |  |
| Willing to Travel Distance? |  |
| Willing to Drive in Evenings?  |  |
| Early Mornings?  |  |
| Late Night? |  |
| Willing to Sleep out? |  |
| **Medical – Any Medical Problems?** |
| Your Age? |  |
| Condition of your Eyes? |  |
| Any Physical Disabilities? |  |
| **License and Permits** |
| Date License Obtained |  |
| License Code? |  |
| License Limitations |  |
| Wear Glasses? |  |
| PDP License Date obtained |  |
| PDP Valid until date? |  |
| **Vehicle License** Expiry Date? |  |
| Operators Disk? (2nd Disk) |  |
| Expiry Date |  |
| Dept. of Transport Disk? |  |
| Date Obtained? |  |
| **Emergencies** Do you have a Jack? |  |
| GOOD SPARE TYRE? |  |
| Wheel Spanner |  |
| Torch |  |
| Tow Rope |  |
| Battery Jumper Cables |  |
| Tyre Inflating Bottle |  |
| **OTHER DRIVING JOBS NOTE:** We Prefer if you do Drive for Other Companies |
| Who are you Currently Driving for? |  |
| **Banking Details for Deposit payments INTO your account**  |
| Bank Name |  |
| Account Name |  |
| Account Number |  |
| DISCLOSURE: Please Disclose any Information that may Positively or Negatively impact your Application and abilities to Safely Drive for the Pink Buddies. |  |
| I declare this information to be correct to the best of my knowledge. Please sign with Date |  |
| **PLEASE FORWARD COMPLETED Signed Document to** [info@pinkbus.co.za](file:///C%3A%5CUsers%5Cuser%5CDocuments%5Cinfo%40pinkbus.co.za) |

Bottom of Form