



## Transportation Verification for Gas Vouchers

I \_\_\_\_\_ will provide transportation for  
\_\_\_\_\_ (Person using vehicle) using my \_\_\_\_\_ (year of  
vehicle) \_\_\_\_\_ (make of vehicle, e.g. VW, Honda, etc.)  
\_\_\_\_\_ (model of vehicle, e.g. Cabrio, Element, etc.) to enable  
him/her to participate in the activities set forth to him/her by Employment  
Services and/or Social Services of Weld County.

### **INSURANCE COMPLIANCE**

I swear or affirm, under penalty of perjury, that I now have in effect a complying policy or motor vehicle insurance, pursuant to the 'Colorado Auto Reparations Act', Part 7 of Article 4 of Title 10, C.R.S., or a Certificate of Self Insurance to cover the vehicle which I intend to use to travel to the job site, or other employment and training programs. I understand that such insurance must be renewed so that coverage is continuous.

Signed: X \_\_\_\_\_ Date: \_\_\_\_\_

My address and phone number:

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### **Please provide:**

1. A copy of current vehicle **insurance**.
2. A copy of current vehicle **registration**.
3. A copy of your current **driver license**.