

ABC UNIFIED SCHOOL DISTRICT
RISK MANAGEMENT

PERSONAL VEHICLE USE

Name: _____ Telephone: _____

Date of Birth: _____

Driver's License #: _____ Exp. Date: _____

Year/Make of Auto: _____

Vehicle License #: _____

Insurance Carrier: _____ Telephone: _____

Policy #: _____ Exp. Date: _____

I certify that the above information is correct and that the insurance coverage is in force. I understand that while driving my personal vehicle in the course of my duties with the school that I must have liability insurance coverage and a valid driver's license as required by the State of California. I agree to advise the school, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

All persons driving on district business will: (1) follow the most direct route; (2) avoid unnecessary stops; (3) transport only authorized persons, no guests; (4) transport no more than 9 students, no matter what size of vehicle; and (5) ensure that all vehicle occupants use seat belts.

You must attach photocopies of the follow: (1) "Proof of Insurance" provided by your automobile insurance company which indicate the expiration date of insurance; (2) Driver's License and; (3) driving record check from the Department of Motor Vehicles (DMV K4 report). You can obtain this form from the DMV or online @dmv.ca.gov

Signature: _____ Date: _____

Site: Whitney High School Purpose: Conference Transportation

Approved: _____ Date: _____

Principal's Signature