_____ DISTRICT
USE OF PRIVATE VEHICLE REQUEST FORM

DRIVER INFORMATION: *(please print)*

Name:_____

Address:_____
Street City State Zip Code

Driver's License Number:/ _____ Date of Birth / _____ / _____
Number State Month Day Year

Driver's License Expiration Date: _____

Please attach a current copy of Driver's License, if available.

VEHICLE INFORMATION: *(please print)*

Make: _____ Model:_____ Year:_____

Vehicle License
Number:_____

Registered Owner:_____ Phone Number: ( )_____

Address:_____
Street City State Zip Code

INSURANCE INFORMATION: *(please print)*

Insurance Carrier:
_____

Insurance Agent:_____ Phone Number: ( ) _____

Address:_____
Street City State Zip Code

Policy Number: _____

Date Issued:_____ Expiration Date: _____

Limits of Liability: _____

_____
_____

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must possess a valid driver's license, have the proper and current license and vehicle registration, and have at least the minimum insurance coverage in effect as specified in the California Vehicle Code on any vehicle used to transport students. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have no knowledge of mechanical defects that could impose a danger while transporting students.

I give my permission to allow the _____ District to obtain my motor vehicle record from the Department of Motor Vehicles.

_____ _____
(Signature) (Date)

_____
(Name - Please Print)