

USE OF PERSONAL VEHICLE TO TRANSPORT STUDENTS

Any adult transporting student's for district business must complete this form and provide it to the building administrator for signature. Employees are not to drive their personal vehicle for district business without prior approval by means of written notification from the district. It is your responsibility to notify the District Office of any changes that occur during the school year which could affect district approval (i.e. license cancellation or suspension, cancellation of automobile insurance, serious motor vehicle violation or at-fault accident).

DRIVER SCREENING/INSURANCE REQUIREMENTS

LEGAL NAME: \_\_\_\_\_

SCHOOL OR BUILDING LOCATION: \_\_\_\_\_ School Year: \_\_\_\_\_

VOLUNTEER       EMPLOYEE       OTHER \_\_\_\_\_

VEHICLE YEAR/MAKE/MODEL: \_\_\_\_\_ LIC #: \_\_\_\_\_

YES/NO

\_\_\_\_\_ I am older than 25 years of age with a minimum of 3 years driving experience.

\_\_\_\_\_ I have a valid Washington State driver's license.

License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_\_\_ I have had no vehicle moving violations or at-fault accidents within the last three years.  
If you have had any, please list: \_\_\_\_\_

\_\_\_\_\_ I carry minimum auto liability limits of \$100,000 per occurrence and \$300,000 aggregate combined single limit of liability (or \$100,000/\$300,000 Bodily Injury; \$50,000 Property Damage), automobile medical payments **or** Personal Injury Protection Coverage and uninsured motorist coverage.

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

\_\_\_\_\_ I am aware that, in the event of an accident while on district business or school-related activity, any claims will be tendered to my personal automobile insurance company, and my insurance is primary.

The above information is true and accurate to the best of my knowledge. I agree to notify the district of any motor vehicle infractions (tickets) and/or chargeable accidents or cancellations or reduction of coverage to my automobile insurance

\_\_\_\_\_  
Signature of Employee Driver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Building Administration

\_\_\_\_\_  
Date

**VEHICLE INSPECTION**

YES/NO

\_\_\_\_\_ There is a working seat belt for the driver and each passenger, and I enforce the wearing of seat belts by all.

\_\_\_\_\_ My vehicle's brakes, including the emergency brake, are in good working order.

\_\_\_\_\_ My vehicle's tires have legal tread depth (at least 3/32").

\_\_\_\_\_ My vehicle's brake lights, turn indicators, and headlights are in good working order.

\_\_\_\_\_ My vehicle's windows are clear and provide an unobstructed view for the driver.

\_\_\_\_\_ My vehicle has functioning rear view mirrors (center and left side).

\_\_\_\_\_ My vehicle has no other physical defects that would interfere with the safety of the driver and passengers.

\_\_\_\_\_ My vehicle has a rated capacity of ten passengers or less.

\_\_\_\_\_ If my vehicle has dual airbags, I will not seat children under 12 or small persons in front passenger seat.

\_\_\_\_\_ I will not transport students in a motor home, fifth-wheel trailer, cargo compartment of a van or truck bed.

\_\_\_\_\_ I agree to use booster seats/car seats when required by Washington State law.

\_\_\_\_\_  
Signature of Transportation Representative

\_\_\_\_\_  
Date

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**ADMINISTRATIVE REVIEW**

\_\_\_\_\_ If the employee is required by job description to regularly drive their personally owned vehicle for district business, the district has required driver to provide an original motor vehicle abstract (three-year comprehensive record) from the Department of Licensing. This abstract has been reviewed and meets district approval.

\_\_\_\_\_ All "NO" responses have been addressed satisfactorily

I have reviewed the above information and this employee and vehicle are approved for driving personal vehicle on district business or for a field trip.

\_\_\_\_\_  
Signature of Administrator/Designee (District Office)

\_\_\_\_\_  
Date