

## Driver's Authorization Request

*Note: You must be at least 25 years old to transport students.*

All drivers transporting students please provide the following:

1. Complete this form at the beginning of each school year or your initial driving event.
2. Supply a copy of 'proof of insurance' showing a minimum of \$100,000/\$300,000 of liability coverage.
3. Attach a copy of your current California Driver's License.
4. Attach a copy of your 'Driver Record' (Motor Vehicle Report), available at [www.dmv.ca.gov](http://www.dmv.ca.gov) (click on link labeled "obtain a copy online of your Driver Record")

Check all that apply.

- High School
- Junior High
- Elementary
- Private Vehicle
- School Vehicle
- Parent
- Employee

### Section I - Driver Information

Name \_\_\_\_\_  
 CA Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (email) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Make of Car (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

*Note: Please ensure insurance policy is kept current.*

### Section II - Driving Record

\_\_\_\_\_ yes \_\_\_\_\_ no Have you been involved in any accident, or been issued a citation (other than parking violations) during the past three (3) years? If you checked yes, please give details of each situation:

Date	Violation/Accident	Describe the Situation
_____	_____	_____
_____	_____	_____

### Section III - Certification

I certify that for the period of \_\_\_\_\_ (today's date) through Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ (not to exceed 1 year)

1. I will maintain insurance coverage for the vehicle(s) listed in Section I and that my liability coverage be at least \$100,000/\$300,000 minimum.
2. My driver's license is current and I will notify Valley Christian Schools Campus Administration if it has not renewed for any reason.
3. That I will not drive for any field trips/athletic events, etc., until approval is received.
4. I will advise Valley Christian Schools Campus Administration of any change in information provided on this form including, but not limited to, termination of license, change of insurance company, or change in amounts of coverage.
5. That I will notify Valley Christian Schools Campus Administration if I no longer wish to drive, or wish to be removed from the Approved Driver's List.
6. My automobile is in safe operating condition and every student who is transported in my vehicle will have adequate seatbelts according to law. I verify that my vehicle does not have a seating capacity of more than 8, including the driver.

Additionally, I agree that:

I will be responsible for any comprehensive or collision losses or damage suffered by my automobile during the above referenced time period. I am not aware of any defect or mechanical problem with the vehicle that might pose a safety problem.

Before signing, please note that in accordance with California State Law, the insurance provided by the registered owner of the vehicle is primary. Any insurance carried by the organization that may be applicable is secondary. I have read the above and I understand and agree with the above listed requirements.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Driver Approved / Denied \_\_\_\_\_ MVR Date \_\_\_\_\_ Authorized signature \_\_\_\_\_