

SCHOOL DRIVER CERTIFICATION FORM

DRIVER: (circle one) Employee Parent/Guardian Volunteer

Name: _____ Date of Birth: _____

Address: _____

Driver's License No. _____ Expiration Date: _____

Telephone No. (____) _____

VEHICLE:

Name of Owner: _____ Year: _____

Address: _____

Make: _____

Registration Expires: _____ License Plate No. _____

Seating Capacity: _____

No. Seat Belts: _____

INSURANCE INFORMATION:

Insurance Company: _____

Policy No: _____ Expiration Date: _____

Liability Limits of Policy: _____

(The minimum acceptable liability limit for privately owned vehicles is \$100,000 per occurrence. If you transport students often, it is recommended that your coverage be \$300,000 per occurrence.)

Name of Agent: _____

Telephone No. (____) _____

I certify that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Name: _____ Date: _____