

SCHOOL DRIVER CERTIFICATION FORM

**DRIVER** (Circle One):      Employee                      Parent/Guardian                      Volunteer

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Driver License No : \_\_\_\_\_

\_\_\_\_\_ Expiration Date: \_\_\_\_\_

Telephone No.: (      ) \_\_\_\_\_

**VEHICLE**

Name of Owner: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ Make: \_\_\_\_\_

\_\_\_\_\_ License Plate No: \_\_\_\_\_

Registration Expires: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

No. of 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 I have not been convicted of Reckless Driving or Driving Under the Influence of Drugs or Alcohol within the past five years, and 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. I have attached a current copy of my Insurance Declaration.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_