## PORT TOWNSEND SCHOOL DISTRICT 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	<u></u>
VEHICLE: YEAR/MAKE/MODEL:	_LIC #/State:
YES/NO	
I am older than 25 years of age with a minimum of 3 years driving	ng experience.
I have a valid Washington State driver's license.	
License #:Exp. D	ate:
I have had no vehicle moving violations or at-fault accidents with If you have had any, please list:	•
I carry minimum auto liability limits of \$100,000 per occurrence combined single limit of liability (or \$100,000/\$300,000 Bodily Damage), automobile medical payments <b>or</b> Personal Injury Prote uninsured motorist coverage.  Insurance Company:	Injury; \$50,000 Property ection Coverage and
Policy #: Expiration Date:	
I am aware that, in the event of an accident while on district busi activity, any claims will be tendered to my personal automobile i my insurance is primary.	
The above information is true and accurate to the best of my knowledge. I agree any motor vehicle infractions (tickets) and/or chargeable accidents or cancel coverage to my automobile insurance	
Signature of Employee/Volunteer Driver Date	
Signature of Building Administration Date	

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## **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 <i>under age 13</i> 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 V	Tolunteer Driver Date
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ADMINISTR	ATIVE 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
	d the above information and this employee and vehicle are approved for driving personal rict business or for a field trip.
Signature of A	dministrator/Designee (District Office)  Date

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