

KNIGHTS FERRY ELEMENTARY SCHOOL DISTRICT
SCHOOL DRIVER CERTIFICATION FORM – 2018-2019

DRIVER (circle one) Employee Parent Volunteer

Name _____ Date of Birth _____

Address _____
_____ Driver's License No. _____
Expiration Date _____

Telephone No. (____) _____

VEHICLE

Name of Owner _____ Year _____

Address _____
_____ Make _____
License Plate No. _____

Registration Expires _____ Seating Capacity _____
No. Seat Belts _____

NOTE: Maximum passengers in the vehicle not to exceed 7, including the driver.

INSURANCE INFORMATION

Insurance Company _____

Policy No. _____ Expiration Date _____

Liability Limits of Policy _____

(The minimum acceptable 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. (____) _____

VERIFICATION OF DMV DRIVING RECORD

An annual DMV print-out of your driving record must be on file in the school office if you anticipate transporting students on school field trips. To obtain this information you may either, drop by your local DMV office or go online at www.dmv.ca.gov. Click on the "Online Services" tab at the top of the page, choose the very first item listed, "Driver Record." Follow the directions on the page, the fee for this online service is \$2.00. If you go into a DMV office the cost is \$5.00.

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 _____