_____District USE OF PRIVATE VEHICLE REQUEST FORM

DRIVER INFORMATION: (pleas	e print)					
Name:						
Address:						
Street	•	City	State		Zip	Code
Driver's License Number:	Number	State	Date of Birth	Month	_/	/Year
Driver's License Expiration Date:						
Please attach a current copy of Dr						
VEHICLE INFORMATION: (plea	ase print)					
Make:	Model:		Year:			
Vehicle License Number:						
Registered Owner:		Phone Nun	nber: ()			
Address:						
Street	City		ate	Zip Code		
INSURANCE INFORMATION: (A	please print) Please atta	ach a current copy	of your Auto	Liability ID c	ard	
Insurance Carrier:						
Insurance Agent:	1	Phone Number: ()			
Address:						
Street	City	State	Zip Co	ode		
Policy Number:						
Effective Date:	Expiratio	n Date:				
Limits of Liability:						
I certify that the information give volunteer driver or district employ vehicle to be driven, a current vehin the California Vehicle Code on that the vehicle being driven is in g that could impose a danger while automobile liability insurance polino insurance coverage (comprehen	yee, I must possess a icle registration and la any private vehicle ood mechanical and contransporting students cy shall be primary in asive or collision) for	valid and current nave at least the n I use to transport perational conditi s. I understand th the event of an a	driver's liceninimum insustudents or toon and I have at, per the C ccident and I to my person	nse that is desurance coverage for District but no knowledge alifornia Vehicunderstand that vehicle.	ignated for ge in effect ssiness. I he e of mechan icle Code, r nat the Distr	the class of as specified reby certify nical defects my personal ict provides
I give my permission to allow the record from the Department of 1			School I	District to obt	tain my mo	otor vehicle
(Signature)			(Date)			

(Name - Please Print)