

STAFF REQUEST FOR AUTHORIZATION TO TRANSPORT STUDENTS

All district personnel, other than bus drivers, transporting students for school sponsored activities must submit this form to their building administrator prior to transporting students. Final approval by Human Resources is necessary. A new form must be completed and approved each school year. This annual authorization form will remain on file with the building administrator or designee and a copy forwarded to the District Risk Management Director upon completion.

Name of driver (Last, First, Middle): _____

Drivers' License #: _____ State: _____ Expiration Date: _____

Auto Insurance Carrier: _____

Insurance Co. Phone #: _____ Policy #: _____ Expiration Date: _____

Circle Yes or No:

- **Yes No** I am at least 21 years of age.
- **Yes No** I have a valid Washington State driver's license **(please attach a copy)**.
- **Yes No** I have a current First Aid certification **(please attach a copy)**.
- **Yes No** I have a current CPR certification **(please attach a copy)**.
- **Yes No** I have an active auto liability insurance policy (policy information provided above) that carries a minimum liability limit of \$100,000 per person/\$300,000 per accident and \$50,000 property damage. The policy includes coverage for general liability, bodily injury, property damage, and uninsured/underinsured motorist. Puyallup School District insurance covers district employees on district business **(please attach a copy of your insurance card)**.
- **Yes No** I agree to sign a Release of Interest in order for the district to obtain my driving record **(please attach)**.
- **Yes No** I have completed the Van Safety **OR** Defensive Driving Safe Schools course **(completion of course attached)**.
- **Yes No** I certify that my vehicle has no known mechanical defects, and no known safety deficiencies.
- **Yes No** I agree that I am financially responsible for any citations I receive while driving.
- **Yes No** I certify that all occupants of any vehicle I use to transport students will be required to individually wear a seat belt, including both the driver and passengers. If the vehicle I am driving to transport students is equipped with a passenger side air bag, I will not allow any student to ride in the front passenger seat if they are less than 12 years old, or weigh less than 100 pounds.
- **Yes No** I understand that I may only transport students in Puyallup School District vans, which have a rated capacity of 10 passengers, including the driver, or less. Any vehicles with a greater than 10 passenger rated capacity are prohibited.
- **Yes No** I agree to immediately report to the school principal (or designee) regarding any and all accidents, regardless of how minor, that I am involved in while transporting district staff, volunteers, or students

- **Yes No** I understand that if my driving privileges are revoked, if I receive any type of moving violation, or if my driving record changes in any way during the course of the school year that I am to notify my supervisor within 48 hours of any occurrence.
- **Yes No** I certify that I have no known medical condition that would adversely affect my ability to safely operate a motorized vehicle.
- **Yes No** I agree that I am a representative of the Puyallup School District when driving or riding in a district vehicle or transporting students from the district. As such, I will be professional at all times. I will not engage in any disrespectful, vulgar, or lewd gesturing, conduct, or road rage. I will not use the district vehicle to access or park in front of locations that could be perceived as inappropriate by the community (outside a bar, liquor store, etc.). I will adhere to all traffic laws and safety expectations.
- **Yes No** I certify that I have no known medical condition that would adversely affect my ability to safely transport students in a motorized vehicle.
- **Yes No** I have had a moving vehicle violation(s) within the last three (3) years. (If "Yes," list violation and date):

Violation:	Date:

Please note that no person shall be authorized to transport students for the Puyallup School District, if in the preceding three (3) year period, has been convicted or cited by lawful authority for the following:

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|-----------------------------------|--|
| 1. DUI / DWI | 9. More Than Two Citations in a 3-year period |
| 2. Deferred Prosecution | 10. Suspended License – Moving and Administrative Action |
| 3. Negligent Driving | 11. Failure to Appear |
| 4. Reckless Driving | 12. Vehicular Homicide |
| 5. Open Container Violation | 13. Vehicular Assault |
| 6. Speeding (11 MPH or more) | 14. Road Rage |
| 7. Violating License Restrictions | 15. Hit and Run Driving |
| 8. Illegal Drugs | 16. Other Citations (as deemed appropriate) |

I certify that I have answered all of the above questions truthfully and have not withheld any information. I understand that my failure to comply with or report any of the above may lead to disciplinary action against me, up to and including termination of employment.

Signature	Date
<i>For Approving Authority Use Only:</i>	
<i>Photocopy of current driver's license provided.</i>	YES NO
<i>Photocopy of insurance card</i>	YES NO
<i>Photocopy of First Aid certification</i>	YES NO
<i>Photocopy of CPR certification</i>	YES NO
<i>Signed Release of Interest</i>	YES NO
<i>Certificate of Completion of Safe Schools</i>	YES NO
<i>The employee meets all of the criteria outlined above:</i>	YES NO
<i>The employee's application is:</i>	APPROVED DENIED

Justification for denial: _____

Approved by (signature)	Title	Date
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Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company – To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p> <p style="text-align: center;">X</p> <p>_____</p> <p>Date and place signed Authorized representative signature</p>	

Employee, prospective employee, or volunteer – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p> <p style="text-align: center;">X</p> <p>_____</p> <p style="text-align: center;">Signature Date</p>		