

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

DRIVER REGISTRATION FORM (345-C)

Driver (circle one): Employee Volunteer

Name: _____ Date of Birth: _____

Address: _____ Driver's License No.: _____

_____ License Expiration Date: _____

Telephone No.: _____ License Verified (Supervisor): _____

VEHICLE INFORMATION

Name of Owner: _____ Vehicle Make: _____

Address: _____ Model: _____

_____ Year: _____

License Plate No.: _____ Registration Expiration: _____ Seating Capacity: _____

INSURANCE INFORMATION

Insurance Company: _____ Telephone No.: _____

Policy No.: _____ Expiration Date: _____

Liability Limits of Policy: _____

Will you transport students (circle one)? YES or NO

If so, please attach proof of coverage for the following: \$50,000/\$100,000 bodily injury and \$1,000 medical and \$5,000 property damage per occurrence (ref. AR 3541.1)

School: _____ Date(s) of Trip: _____

Destination: _____

PRINCIPAL/SUPERVISOR SIGNATURE: _____

DRIVER STATEMENT

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. If an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages. When transporting children, I will ensure that all children will be restrained using the appropriate passenger restraint systems. Furthermore, I certify that the aforementioned vehicle is well maintained and in safe working order.

Name: _____ Date: _____