



NAPA VALLEY UNIFIED SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
APPROVED DRIVER FORM

Volunteer and Teacher Automobiles

School #1: School #2: Date of Application:

Driver's Name Date of Birth Driver's License Number

Address of Driver: Phone Number:

Make of Auto: Year / Model / Body style:

Auto License Number: Passenger Capacity (including driver):

SEAT BELTS ARE REQUIRED FOR ALL OCCUPANTS

I have met the minimum insurance requirements listed below:

Table with 2 columns: Insurance Requirement, Amount/Coverage. Includes Bodily Injury Liability (Each Individual \$100,000, Total Each Accident \$300,000), Property Damage Liability (\$100,000), Medical Payments (\$ 10,000), and Uninsured Motorist Coverage (covered).

Driver Statement:

I certify that the vehicle listed above is in safe condition and to my knowledge has no defects in either steering or brakes. 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. I understand that if an accident occurs my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Sign: Date:

Please Note: Submit two copies of this form to the NVUSD Transportation Department at least three weeks in advance of the trip. Driving records will be obtained from the Department of Motor Vehicles for all drivers volunteering their services and screened by the Director of Transportation.

The Superintendent or designee may authorize the transportation of students by private automobile for approved field trips and activities when the vehicle is driven by a noncertified adult 25 years or older who has registered with the district for such purposes. BP 3541.1.

FOR TRANSPORTATION DEPARTMENT USE ONLY

Number of passengers (including driver): Cleared: Rejected:

Remarks: