

Name of Driver _____

Address _____

Telephone No. (_____) _____ Driver License No. _____

Name of Insurance Company providing vehicle insurance coverage _____

Insurance Policy No. _____ Agent's Name _____

Insurance Policy Limits _____

Year/Make/Model of vehicle _____

Number of seatbelts in vehicle (exclusive of driver) _____

Driver Assurances (Driver's initials are required to affirm assurances.)

_____ I possess a valid Washington State Drivers License. (Please attach copy of license.)

_____ I authorize the transportation department to obtain a copy of my drivers abstract. Attached is the Driving Record Release of Interest. Complete and sign - Employee, prospective employee, or volunteer section.

_____ I will notify the District of any citations I receive after the date of my most recent Driving Record Release of Interest.

_____ I possess automobile insurance with limits equal to or greater than the limits required (\$100,000/\$300,000/\$50,000 BI/PD Liability, 100/300 UIM, \$10,000 PIP or MP) in the District's Administrative Regulations. (Please attach copy of insurance policy Declarations page.)

_____ I understand that in the event of an automobile accident, my vehicle insurance provides primary coverage.

_____ The vehicle used for this activity is operationally safe. (Including, but not limited to: lights, signals, horn, tires and brakes, etc.).

_____ I will ensure that each passenger will be secured by an appropriate seatbelt and/or child restraint system when the vehicle is in use.

_____ I have read and I understand the District's Policy and Administrative Regulations.

Driver's Signature _____ Date _____

My signature certifies that the information above is correct.

This portion must be initialed, completed and signed by a building administrator.

_____ I have reviewed the information contained in this document, the completed HR-120, the WSP background check and other pertinent information and hereby authorize this driver and this vehicle to participate, subject to other applicable rules and regulations, in the occasional transportation of students to and from school-related activities.

Here is our building account code for the fee

_____-_____-_____-_____-_____-_____-_____

Building Administrator _____ Date _____ Class/Teacher _____**See Attachment**

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 Edmonds School District	
Agent company name (if applicable)	
Company/Agent company address 20420 68th Ave W, Lynnwood, WA 98036	
Authorized representative name Susan Hinsch	Title Driver Training Technician
Answer the following 1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? ☒ Yes ☐ No 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? ☒ Yes ☐ No 3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? ☒ Yes ☐ No 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? ☒ Yes ☐ No	
Certification <i>I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.</i> X	
Date and place (city or county) signed	Authorized representative signature

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

PRINT or TYPE Full name (First, Middle, Last)	Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from ☐ Employee—for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment ☐ Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed ☐ Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization		
Employer, prospective employer, or volunteer organization name Edmonds School District		
Employer agent company name if acting on behalf of the company for employment purposes		
Authorization <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> X		
Signature		Date