

**DRIVER CERTIFICATION
FOR USE OF DISTRICT VEHICLES OR TRANSPORTATION OF STUDENTS**

This certification is required for all persons who: (1) drive District-owned or leased vehicles or (2) drive students as part of their employment or (3) provide a pupil transportation service which is sponsored or approved by the District.

Name _____ Operator's License No: _____ License Class: _____

I certify that the following information is true and accurate:

_____ I have a current and valid Nebraska motor vehicle license, current proof of insurance, and the physical and mental ability to properly operate a motor vehicle.

_____ My driver's license is subject to the following restrictions (check the applicable restrictions) and I will comply with all such restrictions:

_____ Corrective Lenses	_____ Outside Mirrors
_____ Automatic Signals	_____ Maximum Speed Rest.
_____ Mechanical Aids	_____ Daylight Only
_____ Restricted Area	_____ 2 Lane, 2 Way Only
_____ Automatic Trans.	_____ No Interstate Driving
_____ No One Way Streets	_____ Other: _____

_____ I will abide by all rules of the road and any applicable rules of the Nebraska Department of Education and the District relating to driving a motor vehicle. Seat belts and child restraint systems will be utilized by all occupants. Cell phones and other handheld wireless communication devices will not be used while the vehicle is in motion.

_____ I have been given instruction on emergency evacuation procedures, first aid and other instruction applicable to the group of pupils being transported.

_____ I certify that I am of good moral character and I will not engage in conduct or use language inappropriate for children.

_____ I certify that I have a satisfactory driving record. I understand that employees' driving records are checked annually. My signature indicates permission to have my driving record checked annually, unless I submit a written revocation of permission to the superintendent. I agree to immediately notify my supervisor or the superintendent upon the occurrence of any of the following events:

- Suspension, revocation, withdrawal or expiration of my driver's license;
- Any ticket or accident while in a District-owned vehicle or while engaged in school business;
- Any ticket or accident which could result in the suspension, revocation, or withdrawal of my driver's license while in any vehicle at any time;
- Any circumstance which may result in any of the responses on this Driver Certification not continuing to be completely accurate or which may indicate that I should not be driving a school vehicle or transporting students.

Dated this _____ day of _____, 20__.

Driver