

# Yuba County Office of Education Driver Registration Form

Driver Classification (check one):  Classified  Certificated  Management

Name: \_\_\_\_\_

Work site: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Driver's license No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## VEHICLE INFORMATION

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate No.: \_\_\_\_\_

Registration Expiration: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

## INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Current proof of insurance coverage must be attached to receive  
mileage reimbursement.**

## 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 four (4) 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.

I certify that I will ensure that all passengers will be restrained using the appropriate passenger restraint systems.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_