



REDLANDS UNIFIED SCHOOL DISTRICT

SCHOOL DRIVER CERTIFICATION FORM - SB 88 COMPLIANCE - EFFECTIVE JULY 1, 2025

Driver's Name (as shown on driver's license): _____

Driver's License Number: _____ Driver's License Expiration Date: _____

Driver's Address: _____

Driver's Telephone Number: _____

Reason for Transporting Student: _____ School Site: _____

Employee District Email: _____ Position: _____

Driving rental or district van (no insurance or vehicle information needed)

IF DRIVING A PERSONAL CAR (DOCUMENTATION SHOWING COVERAGE LIMITS AND POLICY PERIOD MUST BE ATTACHED):

The District's liability insurance does not cover damage to private vehicles or passengers, but merely protects the District in the event of a claim of negligence in organizing the trip. The driver's personal automobile insurance policy would provide primary coverage. The driver must be covered by an automobile insurance policy with minimum coverage of:

- **General Liability & Bodily Injury:** \$100,000/\$300,000 per accident
- **Property Damage:** \$50,000 per accident
- **Medical Payments:** \$5,000

VEHICLE REQUIREMENTS

1. Seat restraints must be available for all passengers.
2. Transporting students is limited to vehicles which meet the requirements for transporting passengers contained in the motor vehicle code of the state of California.
3. Transporting students in pick-up trucks or vans equipped with sub-standard passenger accommodations is expressly prohibited.
4. Vehicles must not be overloaded.
5. Vehicles must be registered in California and be in proper mechanical condition.

VEHICLE INFORMATION

Authorization is hereby requested for the driver listed above to use the following private vehicle to transport students:

Automobile Make/Model: _____ Number of Seat Belts: _____

License Number: _____ Insurance Company: _____

Policy Number: _____ Policy Effective Dates: _____

SB 88 COMPLIANCE REQUIREMENTS

It is understood that this trip is subject to California SB 88 requirements and the following conditions:

General Requirements:

1. Students cannot attend without prior consent of the parent or guardian. An appropriate District Consent Form for each participant must be completed.
 2. The driver must hold a valid California driver's license (**LEGIBLE COPY OF LICENSE MUST BE ATTACHED**).
 3. Transportation is limited to travel to and from school only. No student may be dropped off at home or any other location.
 4. One-on-one transportation (one adult, one student) is strictly prohibited.
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CERTIFICATIONS AND SIGNATURES

I agree to accept the responsibilities involved with this trip and certify that I will comply with the conditions listed above, including all SB 88 requirements.

Driver's Signature (as it appears on driver's license): _____ **Date:** _____

SITE APPROVAL

Authorization is hereby granted for _____ to transport a maximum of _____ students in his/her private automobile.

Site Administrator's Signature: _____ **Date:** _____

RISK APPROVAL

This authorization is only valid from _____ to _____

Risk & Benefits Manager District Office Approval/Signature: _____

Title: _____ **Date:** _____

ADMINISTRATIVE APPROVALS

RISK MANAGEMENT SUBMISSIONS:

- School driver application completed
- DMV pull paperwork submitted (if not already on file)
- Proof of insurance submitted (if using personal vehicle)
- Signed Auto Accident and Employee & Volunteer Use of Personal Automobile form submitted
- Keenan Safe Schools Trainings completed and submitted to Risk Management



Redlands Unified School District

School District Policy: Volunteer Transportation of Students in Personal Vehicles

Purpose

This policy outlines the requirements and procedures for volunteers transporting students in personal vehicles for school sponsored events.

General Requirements

1. An appropriate District Consent Form must be completed for each student.
2. Transportation is limited to travel to and from school only. No student may be dropped off at home or any other location.
3. A minimum of two adults must be present in each vehicle at all times (adults in the front seat and students in the back).
4. One-on-one transportation (one adult, one student) is prohibited.

Driver Requirements

1. Volunteer drivers must hold a valid California driver's license. A legible copy of the license must be attached to the application.
2. Non-District Employee volunteer drivers must provide Risk Management with a current Driver's License record obtained from the DMV Office.
3. District Employee Volunteer drivers must sign a DMV Pull Release form (legible copy must be attached).

Insurance and Liability

1. It only protects the District in the event of a claim of negligence in organizing the trip.
2. The volunteer driver's personal automobile insurance policy provides primary coverage.
3. Drivers must be covered by an automobile insurance policy with minimum coverage of:
 - o General Liability & Bodily Injury: \$100,000/\$300,000 per accident
 - o Property Damage: \$50,000 per accident
 - o Medical Payments: \$5,000
4. Documentation showing coverage limits and policy period must be attached to the application.

Vehicle Requirements

1. Seat restraints must be available for all passengers.
2. Vehicles must meet the requirements for transporting passengers as contained in the motor vehicle code of the state of California.
3. Vehicles must not be overloaded.
4. Vehicles must be registered in California and be in proper mechanical condition.



Redlands Unified School District

School District Policy: Volunteer Transportation of Students in Personal Vehicles

Application/Approval Process

1. All completed applications, applicable paperwork and Keenan Safe Schools Training (trainings will be assigned once completed application and applicable paperwork is received) must be submitted to the District's Risk Management office for review each fiscal year.
2. The District reserves the right to deny any application that does not meet the requirements outlined in this policy.
3. Approved volunteer drivers will be notified and provided with additional instructions regarding trip logistics and safety protocols.

Policy Enforcement

1. Violation of any part of this policy may result in immediate revocation of volunteer driving privileges.
2. The District reserves the right to conduct periodic checks to ensure ongoing compliance with this policy.

This policy is subject to review and modification as needed to ensure the safety and well-being of all students and volunteer drivers.

After an Auto Accident

Instructions for Employees/Volunteers and Supervisors

Employees

District employees and volunteers, whether operating a district vehicle or their own, must follow the steps in the *After an Accident* brochure if involved in an automobile accident. The brochure should be located in the vehicle. If you don't have one, please download and/or print as many copies you need (On District web site under Risk Management, School Driver Resources).

Supervisors

1. A call comes in – the driver reports an accident.
2. Make sure driver has called 911.
3. Supervisor go to the scene. Get as much info as possible.
 - a. Don't interfere with what the driver is required to do by police at the scene.
4. Complete the form in the *After an Accident* brochure located in the vehicle.
 - a. Make sure you get all the info on the other driver, passengers, vehicle info etc.
5. Determine if the driver is operating a commercial vehicle:
 - a. If Yes, go to step 6 for DOT - drug and alcohol testing (DAT).
 - b. If No, simply document.
6. Call Transportation to make arrangements for DOT – DAT testing
7. Call Transportation for towing instructions.
8. Return the report to Risk Management as soon as it is completed. Attach the completed *After an Accident* brochure.

All forms are for internal use only, and are not to be duplicated or distributed. They are part of an investigation. Refer any inquiries from the public regarding an accident to the Risk Management Department.

X _____
Signature

Date

Employee & Volunteer Use of Personal Automobile

In order to protect the health and safety of our Students, our District requires that anyone (employee or volunteer) using their personal automobile for District business or to transport Students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained **at least fifteen (15) days before you transport our Students**. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

Complete the forms and submit the required documents to your school site or department administrator.

Required Documents

- School Driver Certification Form
- Current Driver's License
- Insurance Policy Declarations Page
- Employee- Employer DMV Pull Authorization
- Non-Employee- Copy of DMV H6 report

Should your Driver's License or Insurance Policy expire during the school year, updated photocopies showing their renewal are required before a new certification can be issued.

Pursuant to Insurance Code Section 11580.9(d), in the case of an accident, **your insurance will provide the primary coverage for any resulting bodily injury or property damage**. The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS

For the safety of our Students, in signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards.
2. I will not transport Students in a Vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport Students unless I have a working seatbelt for each Student, with seatbelts to be used at all times by myself and all transported Students. The Vehicle(s) may be inspected by District representatives.
3. I am over the age of 21 and will be the sole driver of the Vehicle for any given activity, event, or competition. I will not let anyone other than myself and authorized Students ride in the Vehicle.

X _____
Signature

Date



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, Redlands Unified School District
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY	COUNTY	STATE
Redlands	San Bernardino	CA
DATE	SIGNATURE OF EMPLOYEE	
	X	

I, Eduardo Rodriguez, of Redlands Unified School District
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY	COUNTY	STATE
Redlands	San Bernardino	CA
DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE	
	X	

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.



A Public Service Agency

REQUEST FOR YOUR OWN DRIVER LICENSE/IDENTIFICATION CARD (DL/ID) OR

VEHICLE/VESSEL REGISTRATION (VR) INFORMATION RECORD FEE: \$5.00 FOR EACH CURRENT RECORD

Write your DL/ID number or plate or VIN on the front or the back of your check. DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.

REQUESTER'S INFORMATION PLEASE PRINT CLEARLY

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY STATE ZIP CODE

DAYTIME TELEPHONE

()

SIGNATURE

X

DATE

Check box(es) for type of record(s) you are requesting.

DRIVER LICENSE/ID RECORD (Complete boxes A & B)

VEHICLE/VESSEL REGISTRATION RECORD (Complete boxes C & D)

A. CALIF. DRIVER LICENSE/ID NUMBER

C. CALIF. LICENSE/CF NUMBER

B. BIRTH DATE (MO/DAY/YR)

D. VEHICLE/VESSEL ID NUMBER

DMV USE ONLY

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to DMV Headquarters:

Department of Motor Vehicles P. O. Box 944247 MS G199 Sacramento, CA 94244-2470

INF 1125 (REV. 11/2000) WWW

Complete if mailing.

Send information to: (Print your name and address clearly in the box.)

NAME

ADDRESS

CITY

STATE

ZIP CODE

INF 1125 (REV. 11/2000) WWW

También disponible en español



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REQUESTER'S INFORMATION PLEASE PRINT CLEARLY

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY STATE ZIP CODE

DAYTIME TELEPHONE

()

SIGNATURE

X

DATE

Check box(es) for type of record(s) you are requesting.

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VEHICLE/VESSEL REGISTRATION RECORD (Complete boxes C & D)

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CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS