Driver Authorization Request

All drivers transporting students please provide the following:

- ☐ Complete this form at the beginning of each school year or your initial driving event.
- ☐ Supply a copy of 'proof of insurance' showing a minimum of $100,000/$300,000 of liability coverage.
- ☐ Attach a copy of your current California Driver's License.
- ☐ Attach a copy of your 'Driver Record' (Motor Vehicle Report), available at www.dmv.ca.gov. (click on link labeled "obtain a copy online of your Driver Record")

Presentation HIGH SCHOOL

Section I - Driver Information *(you must be at least 25 years old to transport students)*

Name

CA Driver's License # Expiration Date

Phone Email

Address

City State Zip Code

Make/Model/Year of Car (1) License Plate #

Make/Model/Year of Car (2) License Plate #

Insurance Company Policy #

Note: Please ensure insurance policy is kept current.

Section II - Driving Record

Have you been in any accident, or been issued a citation (other than parking violations) in the past three (3) years? If yes, please give details of each situation:

Date Violation/Accident Describe the Situation

Section III - Certification

I certify that for the period of _____ (today's date) through Month _____ Day _____ Year _____ (not to exceed 1 year):

1. I will maintain insurance coverage for the vehicle's listed in Section I and that my liability coverage be at least $100,000/$300,000 minimum.
2. My driver's license is current, and I will notify Presentation High School if it has not renewed for any reason.
3. I will drive in a safe manner and obey all applicable laws and regulations.
4. I will not drive any Presentation students (other than my child) for any field trip/athletic events, etc. until approval is received.
5. I will advise Presentation High School of any change in information provided on this form including, but not limited to, termination of license, change of insurance company, or change in amounts of coverage.
6. My automobile is in safe operating condition and every student who is transported in my vehicle will have adequate seatbelts according to law. I verify that my vehicle does not have a seating capacity of more than 8, including the driver.
7. I agree that I will be responsible for any comprehensive or collision losses or damage suffered by my automobile during the above referenced time period. I am not aware of any defect or mechanical problem with the vehicle that might pose a safety problem.

Before signing, please note that in accordance with California State Law, the insurance provided by the registered owner of the vehicle is primary. Any insurance carried by the organization that may be applicable is secondary. I have read the above and I understand and agree with the above listed requirements.

Signature _____ **Date** _____

Driver Approved/Denied **MVR Date** **Authorized Signature** _____

VP of Student Services or Dean of Students