SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT
2560 Skyway Drive, Santa Maria, CA. 93455 • (805) 922-4573 ext. 4304

REQUEST TO TRANSPORT STUDENTS

Driver ***(check all that apply)***: □ Certificated □ Classified □ Coach □ Other
I will be driving (***check all that apply***): □ District Vehicle □ Personal Vehicle □ Rental Vehicle

Name: _____ Phone: _____ CDL Number: _____

School Site: _____ School Year: **2026/2027** Events: _____

Insurance Exp. Date: _____ Liability Limits: _____

Year/Make of Auto: _____ Vehicle Registration Exp Date: _____

NOTE: If any other insurance coverage is available to an Employee/Parent/Volunteer, driving their personal vehicle, whether such coverage is called excess over, or pro rata with other valid collectible coverage or not, the coverage afforded by the District's policy shall not apply until such coverage has been exhausted.

I, _____, (employee/coach/other name) **declare, under penalty of perjury, under the laws of the State of California that:**

- I have NOT been convicted of a sex offense under federal, state or local law.
- I have NOT been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.
- (Check all that apply)

  □(If driving personal vehicle) I hold liability insurance coverage with minimum liability limits of $100,000 per person/$300,000 per accident, or $300,000 combined single limit

  □ (If driving district or rental vehicle) I certify (or declare) that I hold at least the minimum insurance required by the state of California.

The Santa Maria Joint Union High School District requires that the following conditions be observed while transporting students: (1) No more than nine students will be transported, (2) all students must be seated in seats which are part of or permanently affixed to the vehicle; (3) all students must wear individual seat belts; (4) obey all traffic rules/laws; (5) no more than two handicapped students who are confined to wheelchairs may be transported in a nine-passenger vehicle; (6) no alcoholic beverages will be transported while students are in the vehicle, and no alcohol, drugs, cigarettes or tobacco will be used; (7) drivers must be over the age of 21.

I have read the district's requirements listed above and agree to abide by them.

Driver's Signature: _____ Date: _____

Please attach a copy of the following: (1) Volunteer Request form ***(if applicable)***
(2) DMV printout dated within 2 months (3) Auto policy declaration page
(4) Vehicle registration **(if applicable)** (5) Completed Authorization for Release of Driver Record Information

_____ Approved by: Principal/Athletic Director

_____ Approved by: District Personnel Office

FOR DISTRICT OFFICE USE ONLY ____ Database

5/6/25

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES

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,_____
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

DATE | SIGNATURE OF EMPLOYEE
X

I, **Kevin Platt** , of **Santa Maria Joint Union High 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
Santa Maria | **Santa Barbara** | **CA**

DATE | SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
X **Assistant Superintendent, Human Resources**

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.

***UPON TERMINATION OF EMPLOYMENT WITH THE SMJUHSD, THE ABOVE EMPLOYEE WILL BE REMOVED FROM THE EMPLOYEE PULL NOTICE (EPN) PROGRAM**