



# Driver's Authorization Request

(Return this form to the Athletics Office)

All drivers transporting students please provide the following:

1. Complete this form each year.
2. Be a parent or guardian of 25 years of age or older.
3. Have \$100,000/\$300,000 of liability insurance and supply copied proof of insurance.
4. Attach a copy of your current California Driver's License.

<b><u>Check all that apply.</u></b>	
<input type="checkbox"/> High School	<input type="checkbox"/> Jr. High School
<input type="checkbox"/> Elementary School	
<input type="checkbox"/> Private Vehicle	<input type="checkbox"/> School Vehicle

Student's Teacher/Coach \_\_\_\_\_

### Section I - Driver Information

Name \_\_\_\_\_

CA Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (email) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Make of Car (1) \_\_\_\_\_ (2) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Amount of Liability Insurance \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Section II - Driving Record

\_\_\_\_\_ yes \_\_\_\_\_ no Have you been involved in any accident, or been issued a citation (other than parking violations) during the past three (3) years? If you checked 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 Valley Christian Schools Campus Administration if it has not renewed for any reason.
3. That I will not drive for any field trips/athletic events, etc., until approval is received.
4. I will advise Valley Christian Schools Campus Administration 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.
5. That I will notify Valley Christian Schools Campus Administration if I no longer wish to drive, or wish to be removed from the Approved Driver's List.
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 9, including the driver.

Additionally, 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.

I understand that Valley Christian Schools will process a Motor Vehicle Report (MVR) through the Department of Motor Vehicles. The purpose is to validate me, as outlined by the school's insurance carrier, to drive a Valley Christian Schools' vehicle and/or my private vehicle with Valley Christian Schools' students.

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.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Driver Approved / Denied

MVR Date \_\_\_\_\_

Authorized signature \_\_\_\_\_