

Check here if this is updated: _____

Insurance Info _____

Driver's License Info _____

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

EMPLOYEE DRIVER INFORMATION

For Employees Who Drive District Vehicles or their Own Vehicles on District Business

In order to maximize your safety and the safety of students and others, it is necessary to obtain the following information. Please fill out the form, supply the requested information, sign, date and return.

Site/Department: _____

Date: _____

Driver: _____

Check box if using: District Vehicle Personal Vehicle Rental Vehicle

As a driver of a PVUSD vehicle, I certify:

- I hold a valid California Driver's License, a copy of which is attached.
- I will fill out a Driver Form for each update of Drivers License.
- I will make sure there is proof of District Insurance in my vehicle and that all lights, mirrors, brakes and safety equipment are in working order before I drive, every time I begin.
- I have not received a moving violation in the past 12 (twelve) months.
- I have taken all reasonable precautions in order to ensure the safety of the students.
- Each student who rides in my vehicle will be provided and required to wear a seat belt.
- A booster seat will be used for all students under 8 (eight) years or under in compliance with the new California Vehicle Law SB 929, January 1, 2012.
- I understand that PVUSD prefers that students under the age of 12 sit in rear seats, especially when the vehicle is equipped with a passenger-side airbag.
- No student will drive him/herself or other students.
- I am aware that *all drivers must be 21 (twenty-one) years of age or older.*
- If above conditions change and/or cannot be met, I will no longer participate as a driver until the requirements can be met.
- I understand and agree that each driver's record is subject to review by authorized district personnel, up to and including DMV records.

As a driver of my own vehicle on PVUSD business, I also certify:

- I carry automobile liability insurance with the following minimum liability coverage:
\$15,000 per person/\$30,000 per accident
\$ 5,000 Property Damage
- District recommends drivers carry higher than state minimum limits noted above as well as auto medical.
- To the best of my knowledge, my vehicle is mechanically sound.
- I will fill out a Driver Form for each update of Insurance/Drivers License.
- I will supply a current copy of "Proof of Insurance", with minimum liability coverage and expiration dates.

Driver's Name: _____ Drivers License Expiration: _____
Please print

Driver's Address: _____
Street City State Zip Code

Driver's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

**RETURN COMPLETED FORM TO OFFICE MANAGER 10 day before trip.
ATTACH THE APPLICABLE DOCUMENTS AND A COPY OF YOUR CURRENT DRIVERS LICENSE FOR THIS SCHOOL YEAR.**