



NAPA VALLEY UNIFIED SCHOOL DISTRICT TRANSPORTATION DEPARTMENT APPROVED DRIVER FORM

Volunteer and Teacher Automobiles

School #1: _____ School #2: _____ Date of Application: _____

Driver's Name _____ Date of Birth _____ Driver's License Number _____

Address of Driver: _____ Phone Number: _____

Make of Auto: _____ Year / Model / Body style: _____

Auto License Number: _____ Passenger Capacity (including driver): _____

SEAT BELTS ARE REQUIRED FOR ALL OCCUPANTS

I have met the minimum insurance requirements listed below:

Bodily Injury Liability:

Each Individual \$100,000

Total Each Accident \$300,000

Property Damage Liability \$100,000

Medical Payments \$ 10,000

Uninsured Motorist Coverage covered

Driver Statement:

I certify that the vehicle listed above is in safe condition and to my knowledge has no defects in either steering or brakes. I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I understand that if an accident occurs my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Sign: _____ Date: _____

Please Note: Submit two copies of this form to the NVUSD Transportation Department at least three weeks in advance of the trip. Driving records will be obtained from the Department of Motor Vehicles for all drivers volunteering their services and screened by the Director of Transportation.

The Superintendent or designee may authorize the transportation of students by private automobile for approved field trips and activities when the vehicle is driven by a noncertified adult 25 years or older who has registered with the district for such purposes. BP 3541.1.

FOR TRANSPORTATION DEPARTMENT USE ONLY

Number of passengers (including driver): _____ Cleared: _____ Rejected: _____

Remarks: _____

