

**NEWARK UNIFIED SCHOOL DISTRICT
DRIVER INFORMATION FORM**

1. **DRIVER INFORMATION**

Name _____ Birth Date _____
Driver's License # _____ Expiration Date _____
(Please provide a copy)

2. **VEHICLE TO BE DRIVEN**

Vehicle Make/Year _____
Vehicle License Number _____

3. **AUTOMOBILE LIABILITY INSURANCE**

Company _____ Phone _____
Agent _____ Policy # _____

REQUIRED LIMITS: \$100,000/\$300,000 (AR 3540)

(Copy of insurance declaration page must be attached)

Driver's insurance policy limits:

Bodily Injury _____ Property Damage _____

4. Vehicle capacity, one passenger per seat belt. All passengers shall use their seat belts.
5. The vehicle is in a safe operating condition upon inspection by me as to lights, horn, turn signals, brakes, tires and suspension.
6. I have no physical limitations, which would adversely affect my ability to drive safely.
7. I am not taking any medication that would adversely affect my ability to drive safely.
8. I have no prior convictions for driving under the influence, nor will I consume any alcoholic beverages or other drugs while on a school-sponsored trip or excursion.

NOTE: If you drive your personal vehicle while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for comprehensive and collision coverage to your vehicle.

I CERTIFY THE ABOVE INFORMATION IS CORRECT AND THE INSURANCE COVERAGE IS IN FORCE AND AGREE TO ADVISE THE DISTRICT IN WRITING OF ANY CHANGES IN THE ABOVE INFORMATION. I UNDERSTAND THAT MY INSURANCE IS PRIMARY IN CASE OF AN ACCIDENT AND THAT THE NEWARK UNIFIED SCHOOL DISTRICT ACCEPTS NO RESPONSIBILITY FOR DAMAGE OR LOSS TO MY VEHICLE.

Signature of Vehicle Owner

Date

Signature of Site Administrator

Fieldtrip Destination/Date

NEWARK UNIFIED SCHOOL DISTRICT
Private Vehicle Inspection

DATE: _____

SCHOOL: _____

**INSPECTION REQUIRED FIVE-TEN (3-5) DAYS PRIOR
TO TRIP * *MUST BE DONE NO LESS THAN THREE (3) DAYS*

DRIVER'S NAME: _____

DRIVER'S LICENSE #: _____
(PLEASE PROVIDE A COPY OF LICENSE)

EXP. DATE: _____

VEHICLE LICENSE: _____

REGISTRATION EXP. DATE: _____
(Provide Copy of Registration)

INSURANCE COMPANY _____
(Provide Certificate of Liability 300,000/100,000)

POLICY NUMBER: _____

EXPIRATION DATE: _____

HEAD LIGHTS _____

BRAKE LIGHTS _____

TURN SIGNALS _____

HORN _____

WIPERS _____

WINDOWS _____

BRAKES _____

EMERGENCY BRAKE _____

TIRE CONDITION _____

SEAT BELTS _____

FRONT AIR BAG _____

OF BELTS FOR CHILDREN _____

MINIMUM INSURANCE REQUIREMENT: \$100,000/\$300,000 PER ACCIDENT
(PLEASE PROVIDE A COPY OF INSURANCE DECLARATION)

FIELDTRIP DESTINATION _____

FIELDTRIP DATE: _____

ADDITIONAL REMARKS:

Signature of person completing the inspection