

TRANSPORTATION/AUTO

PERSONAL VEHICLE USE – SAMPLE REGISTRATION FORM

Source: Keenan & Associates

VEHICLE USE

District	Destination
Start Date/Time	End Date/Time

DRIVER

Driver Name	Birth Date
Street Address	Telephone #
Driver License #	Expiration Date
Driving Restrictions	

VEHICLE

Year/Make of Auto	Model	Vehicle License #
Insurance Carrier	Agent	Telephone #
Policy Number	Policy Expiration Date	Assigned Risk Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Public Liability (Each Person) \$	Public Liability (Each Accident) \$	Property Damage \$

ACKNOWLEDGEMENT

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that to the best of my knowledge, the above vehicle is mechanically safe, and that I have read and understand the District Personal Vehicle Use Policy.

Driver Signature

Date

NOTE: If you drive your personal automobile 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.

SCHOOL/SITE APPROVAL

I have read the above and approve the use of this vehicle for the purpose stated.

School/Site Administrator

Date