



Authorization for Use of Private Auto For Student Transportation Form 1117

Vehicle Owner's Permission

I hereby authorize the use of my vehicle for transporting students for the following purpose/activity:

on _____, or the period from _____ to _____.

Name of Driver: _____

Vehicle Year/Make Model: _____ License #: _____

Vehicle Owner's Permission: Yes/No

_____ I am older than 25 years of age.

_____ I have a valid Washington State driver's license.

License #: _____ Expiration date: _____

_____ I have had no vehicle moving violations or at-fault accidents within the last three years. If you have, please list:

_____ I carry minimum auto liability limits of \$100,000 per occurrence and \$300,000 aggregate combined single limits of liability (or \$100,000/\$300,000 Bodily Injury; \$50,000 Property Damage) and uninsured motorist coverage.

Please include a copy of the first page of your insurance policy showing these limits.

Company: _____ Policy #: _____

_____ I am aware that, in the event of an accident while on a school-related activity, any claims will be tendered to my personal automobile insurance company, and that my insurance is primary.

_____ I am aware that all required volunteer forms must be completed and approved prior to driving students.

_____ I have completed and included the Volunteer Driver Checklist.

Printed Name of Driver and/or Registered Owner*

Signature of Driver and/or Registered Owner* Date

**If the registered owner is under the age of 18, a signature of the parent is required.*

Volunteer Driver Checklist

Supplement to Form 1117

Vehicle Inspection: Please indicate Yes or No on each blank. All No answers must have a written response attached to this form.

- _____ There is a working seat belt for the driver and each passenger, and I enforce the wearing of seat belts by everyone in the vehicle.
- _____ I agree to transport any child who is less than 8 years of age or less than 4'9" in a child passenger restraint system that meets Federal Motor Vehicle Safety Standards.
- _____ If my vehicle has dual airbags, I will not seat children under 12 or small persons in the front passenger seat.
- _____ My vehicle's brakes, including the emergency brake, are in good working order.
- _____ My vehicle's tires have a legal tread depth (at least 3/32").
- _____ My vehicle's brake lights, turn indicators, and headlights are in good working order.
- _____ My vehicle's windows are clear and provide an unobstructed view for the driver.
- _____ My vehicle has functioning rear view mirrors (center and left side).
- _____ My vehicle has no other physical defects that would interfere with the safety of the driver and passengers.
- _____ My vehicle has a rated capacity of ten passengers or less.

The above information is true and accurate to the best of my knowledge. I hereby give my permission for a copy of my personal Motor Vehicle Report to be ordered and used in consideration of my transporting students during field trips.

Signature of Volunteer Driver

Date

Administrative Review: Please indicate Yes or No on each blank.

- _____ This volunteer driver has an acceptable driving abstract, if one was required.
- _____ This volunteer driver has been approved through the district volunteer process.
- _____ All students have parental permission to ride with a volunteer driver.
- _____ All No responses have been addressed satisfactorily.

I have reviewed the above information and this driver and vehicle are approved for this trip.

Signature of Administrator or Designee

School

Date

Please return completed form to your school office.