

DRIVER INFORMATION & TRANSPORTATION DISCLAIMER - EMPLOYEES

Purpose for the Use of a Private Vehicle: _____

Driver Information:

Name: _____ Date of Birth: _____

Address: _____ Soc. Security #: _____

Driver's License #: _____ Phone #: _____

Vehicle that will be used for:

Owner: _____ Year/Make: _____

Address: _____ Model: _____

License #: _____ Policy#: _____ Limits: _____

Insurance Information:

When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.

Please read and sign the certification below:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as an operator of a private vehicle for use of transporting students or for school business purposes, I must have a valid Michigan driver's license that is non-probationary and have no physical disability that may impair the ability to drive safely. I also have a valid registration for my vehicle. The use of a private vehicle for the purpose of transporting students, I understand I must be at least 21 years of age and for school business purposes, must be at least 18 years of age. I understand that my personal automobile insurance coverage limits for liability is to be at least that as required under Michigan No-Fault. (Personal automobile insurance coverage limits of liability must be a minimum of \$20,000 per person and \$40,000 per occurrence.) The Bay City Public School District assumes no responsibility for liability in the event of an accident involving the use of a private vehicle(s) for the use of transporting students or school business purposes. In the event of an accident or other occurrence, I understand that my own personal automobile insurance will be primary coverage for any injuries, theft, or related occurrences during use of my vehicle.

I also agree that at any time my driver's license becomes invalid, probationary, impaired or limited, I will immediately notify my supervisor and/or administration of such, and also certify that in this event, under no circumstance will I transport students in a privately owned or a district operated vehicle. I also understand that operating a vehicle in violation of Michigan State Law, may result in criminal prosecution, as well as disciplinary action from the District including suspension or discharge of employment.

Please check one of the following:

_____ I understand that as an operator of a private vehicle for transporting students, I must be at least 21 years of age.

_____ I understand that as an operator of a private vehicle for school business purposes, I must be at least 18 years of age.

I have read the above and am in agreement with the above statement.

Signature of Driver

Date

Printed Name of Driver