

**Lewis Center for Educational Research**

**E 3541.1: BUSINESS AND NONINSTRUCTIONAL OPERATIONS  
TRANSPORTATION\_SCHOOL DRIVER CERTIFICATION FORM**

**Adopted: June 5, 2003**

**Revised:**

DRIVER (circle one) Employee Parent Volunteer

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Telephone No. \_( ) \_\_\_\_\_

**VEHICLE**

Name of Owner \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ Make \_\_\_\_\_

License Plate No. \_\_\_\_\_ Registration Expires \_\_\_\_\_

Seating Capacity \_\_\_\_\_ No. Seat Belts \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Liability Limits of Policy \_\_\_\_\_

(The minimum acceptable liability limit for privately-owned vehicles is \$100,000 per occurrence. If you transport students often, it is recommended that your coverage be \$300,000 per occurrence.)

Name of Agent \_\_\_\_\_

Telephone No. \_( ) \_\_\_\_\_

I certify 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.

\_\_\_\_\_

Name Date

Driver Instruction Form

When using your vehicle to transport students on field trips or other school activity trips, please:

1. Be sure that you have a valid driver's license and current liability insurance of at least \$100,000 per occurrence.
2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed. If you have a truck or pickup, carry only as many as can safely sit in the passenger compartment.
4. Require each passenger to use a safety belt.

(The minimum acceptable liability limit for privately-owned vehicles is covering in the minimum amounts of Public Liability: Bodily Injury \$100,000 to \$300,000 per accident; Property Damage \$25,000 per accident; and Medical Payments \$2,000 per person.

Name of Agent \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

I certify 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.

\_\_\_\_\_  
Name Date