BERKELEY UNIFIED SCHOOL DISTRICT
USE OF PRIVATE VEHICLE REQUEST FORM

DRIVER INFORMATION: *(please print)*

Name:_____

Address:_____
Street City State Zip

Driver's License Number: _____ / _____ Date of Birth: _____/_____/_____
Number State Month Day Year

Driver's License Expiration Date:_____

Please attach a current copy of Driver's License.

VEHICLE INFORMATION: *(please print)*

Make: _____ Model: _____ Year: _____

Vehicle License Number: _____

Registered Owner: _____Phone Number: ( ) _____

Address: _____
Street City State Zip

INSURANCE INFORMATION: *(please print)* **Please attach current copy of your Vehicle Insurance Card**

Insurance Carrier: _____

Insurance Agent: _____ **Phone Number: ( )**_____

Address: _____
Street City State Zip

Policy Number: _____

Effective Date: _____ Expiration Date: _____

Limits of Liability: _____

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver or district employee. I must possess a valid and current driver's license that is designated for the class of vehicle to be driven, a current vehicle registration and have at least the minimum insurance coverage in effect as specified by District policy on any private vehicle I use to transport students or for District business. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have no knowledge of mechanical defects that could impose danger while transporting students. I understand that, per the California Vehicle Code, my personal automobile liability insurance policy shall be primary in the event of an accident and I understand that the District provides no insurance coverage for physical damage to my personal vehicle or property.

I give my permission to allow Berkeley Unified School District to obtain my motor vehicle record from the Department of Motor Vehicles.

_____ _____
(Signature) (Date)

_____
(Name – Please Print)