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MUSD ADMINISTRATOR
Driver Record Review Program Enrollment

Provide the following documents to Travis Griffin, Transportation Supervisor, at the MUSD Transportation Department:

- 1) Copy of your current driver's license
- 2) Copy of your current insurance declaration page (which shows your coverage amounts)
- 3) Completed DMV EMPLOYER PULL NOTICE PROGRAM form (Authorization for release of driver record information)
- 4) Completed MUSD Form #107 (MADERA UNIFIED SCHOOL DISTRICT DECLARATION OF DRIVER WHO USES THEIR OWN VEHICLE ON DISTRICT BUSINESS)

A district driving card will then be issued once your driving record has been cleared by the transportation department.

**MADERA UNIFIED SCHOOL DISTRICT
DECLARATION OF DRIVER
WHO USES THEIR OWN VEHICLE ON
DISTRICT BUSINESS**

This form is to be completed by district employees who drive their own vehicles on district business.

1. The driver is at least 21 years of age and holds a current valid California driver's license, the number of which is _____ and which expires on _____.
2. The vehicle described below is insured by _____ with auto liability insurance limits of: Bodily Injury \$100,000/\$300,000, Property Damage \$50,000 per accident, and Medical Payments \$2,000 per accident.

Madera Unified School District may confirm by telephone or written communication the above coverage with insurance agent whose name, address, and phone number are listed below:

Name of Insurance Agent	Telephone Number	Policy Number

Address of Insurance Agent (Number & Street, City, Zip Code) _____

VEHICLE INFORMATION

Year	Make	Type of Vehicle	Passenger Capacity	License Plate Number

3. I have attached to this form a current printout of my driving record from the Department of Motor Vehicles and a copy of the declarations page of my automobile liability insurance policy which is in force at the present time.
4. I authorize Madera Unified School District to release this form and the documents attached to this form to other district personnel.
5. I understand and agree that I will respond to any request from Madera Unified School District for DMV or insurance information within five (5) days of the request.
6. I agree that I will notify Madera Unified School District of any change in the ownership status of my vehicles or insurance information relating to my automobile within three (3) days of the change in either ownership status or insurance information.
7. My vehicle is properly equipped with seat belts, and I agree to enforce all seat belt laws at all times.
8. My vehicle is equipped to transport _____ passengers, excluding the driver. I agree that I will not transport more than the legally permissible number of passengers deemed appropriate for my vehicle.
9. I agree that I will not serve as a driver of my own vehicle on District business if my automobile liability insurance policy limits are lower than those authorized above or if my driver's license is expired, revoked, or suspended for any reason, or I am under 21 years of age.

Name of Driver/Owner (Please Print)

Signature of Driver/Owner

Position:

Site/Dept.:

Date:

Authorized by:

Date: