

FORM 106

E3541.1

MADERA UNIFIED SCHOOL DISTRICT
DRIVER AUTHORIZATION FORM
TO USE A DISTRICT VEHICLE

(check off each section which applies)

- I hereby state under penalty of perjury under the laws of the State of California that I currently possess a valid California driver’s license and am at least 21 years of age. I agree to provide the District with a copy of my License.
- I have attached to this form a current printout of my driving record from the department of motor vehicles (DMV).
- I authorize Madera Unified School District to release this form and the documents attached to this form to other District personnel.
- I understand and agree that I will respond to any request for information from Madera Unified School District regarding my driving record within 5 days of the request.
- I agree that I will promptly notify Madera Unified School District of any change in my driving record or status.
- I agree only to use vehicles that are properly equipped with seat belts, and I agree to enforce all seat belt laws in any vehicle at all times.
- I understand that I am the only authorized driver of any District vehicle which is placed in my charge and will not allow any other person to operate the vehicle.
- I agree that I will not transport more than the legally permissible number of passengers deemed appropriate for my vehicle.
- I agree that I will not serve as a driver of a District vehicle if my driver’s license is expired, revoked, or suspended for any reason. I agree to surrender my District Authorization Card upon request of the District.

Authorized By

Signature of Employee

Date: _____

Date: _____

Position: _____

Site/Dept. _____

CDL# _____ Exp. _____