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| <p>MADERA UNIFIED SCHOOL DISTRICT</p> <p>Declaration of Driving Vehicles on District Business</p> |
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- Yes, I will be driving a vehicle on District Business. (Complete Section 1 & 2 below).**
- No, I will not be driving a vehicle on District Business. (Complete Section 2 below).** If at a later date it becomes necessary to operate a motor vehicle for District business, I will then provide the Human Resource Department with the necessary documents required as stated below in Section 1. The items required in Section 1 need to be processed and approved prior to operation of a motor vehicle during District business.

Section 1

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 per accident, 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 the 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 | Capacity | License Plate Number |
|------|--|-----------------|----------|----------------------|
| 3. | I have attached to this form a current printout of my driving record from the Department of Motor Vehicles, a copy of my automobile liability insurance policy, and a copy of my driver's license, which are in force at the present time. | | | |
| 4. | I authorize Madera Unified School District to release this form and the document 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 request. | | | |
| 6. | I agree that I will notify Madera Unified School District of any change in the ownership status of my vehicle 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 equipped to transport _____ passengers, excluding the driver. I agree that I will not transport more than the legally permissible number of passengers deemed appropriate by the number of seat belts available. | | | |
| 8. | 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. | | | |

Section 2

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|-------------------------------|---------------------------|
| Name of Driver (Please Print) | Date: _____ |
| Position: _____ | Signature of Driver/Owner |
| | Site/Dept: _____ |

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| Authorized by: _____ | Date: _____ |
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