

**CLOVIS UNIFIED
SCHOOL DISTRICT**

BUSINESS AND NONINSTRUCTIONAL OPERATIONS

Student Transportation Management

TRANSPORTATION FOR SCHOOL-RELATED TRIPS/PRIVATE VEHICLES

Exhibit No. 3541.1(1) - Vehicle Driver Application shall be used in accordance with Board Policy and Administrative Regulation No. 3541.1.

Adopted: 03/24/2010

Amended: 09/17/2010, 10/18/2010, 07/02/2013, 04/23/2021 (EXH 8302(1) renumbered as EXH 3541.1(1))

Doc# 36465-5 (04/2021, 11/2007)



EXHIBIT NO. 3541.1(1)
VEHICLE DRIVER APPLICATION

DRIVER INFORMATION: (Please Print) Employee Parent Volunteer Student
School Site:
Name: First Name Middle Initial Last Name
Address: City: State: Zip:
Driver's License Number: Issuing State: Expiration Date:
Date of Birth (month/day/year): Phone Number:

VEHICLE INFORMATION: (Please Print)
Make: Model: Year:
*Seating Capacity: License Number: Issuing State:
Registered Owner: Phone Number:
Address: City: State: Zip:
*Each child must be provided with a seat belt or child restraint system as required by law.

INSURANCE INFORMATION: (Please Print)
Carrier: Agent:
Agent Address: City: State: Zip:
Agent Phone Number: Policy No:
Date Issued: Expiration Date:
I have insurance coverage for bodily injury and property damage of at least \$15,000 per accident.

I certify that I am volunteering the use of my car; that I have a valid driver's license and insurance coverage as specified in Administrative Regulation No. 3541.1 and that the information given above is true and correct. I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past three years. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages. I further certify that my vehicle is safe and is in good mechanical condition. I have read and will comply with Exhibit No. 3541.1(2) - Instructions for Drivers of Private Vehicles.

I will provide the school site with a copy of my driver's license, vehicle registration, and proof of vehicle insurance card. I understand that it is my responsibility to notify the District of any changes in the information on this form, including providing the District with updated copies of my new driver's license or insurance card upon renewal.

If applicable, I have completed the Volunteer Application Form (Exhibit No. 1240) and the Participation in Voluntary Field Trip - Consent, Assumption of Risk, and Emergency Medical Authorization (Exhibit No. 6153(1)). I give permission to allow the District to obtain my motor vehicle record from the Department of Motor Vehicles (DMV).

Private Vehicle Driver Signature: Date:

For District use only:

Driver Verified: Yes No

Verification Received from Transportation by: Date:

Private Vehicle Driver Notified by: Date:

THIS FORM REMAINS ON FILE AT SCHOOL SITE FOR 2 YEARS
DO NOT SEND TO TRANSPORTATION