

MENDOCINO COUNTY OFFICE OF EDUCATION

School Driver Certification Form

Department: _____ Purpose: _____

Driver Information (please circle one): Employee Parent Volunteer

Name: _____ Date of Birth: _____

Address: _____ CDL #: _____

Expiration Date: _____

Phone: _____

Vehicle Information:

Description of Automobile:

Name of Owner: _____ Year/Make: _____

Address: _____ # of Seat Belts: _____

License Plate #: _____

Phone: _____ Expiration Date: _____

Insurance Information:

Auto Insurance Company: _____

Policy #: _____ Expiration Date: _____

Minimum Liability Coverage Required:

Bodily Injury \$100,000 each person/ \$300,000 each occurrence

Property Damage \$25,000 each occurrence

or

Bodily Injury and Property Damage \$300,000 combined minimum

I certify that I have read the Minimum Liability Coverage Requirements above and that my automobile insurance coverage meets these requirements. All information provided above is true and correct. I understand that, if an accident occurs, my insurance carrier shall bear primary responsibility for any losses or claims of damage.

Signed: _____ Date: _____

Driver Applicant

Approved: _____ Date: _____

Designated School Official

Exhibit approved: October 1, 1998