

## Lake Washington Authorization for Use of Private Auto For Student **Transportation** Form 1117

## Vehicle Owner's Permission I hereby authorize the use of my vehicle for transporting students for the following purpose/activity: on\_\_\_\_\_\_, or the period from \_\_\_\_\_\_ to\_\_\_\_\_. Name of Driver:\_\_\_\_\_ Vehicle Year/Make Model: \_\_\_\_\_ License #: \_\_\_\_ Vehicle Owner's Permission: Yes/No \_\_\_\_\_ I am older than 25 years of age. \_\_\_ I have a valid Washington State driver's license. License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ I have had no vehicle moving violations or at-fault accidents within the last three years. If you have, please list: I carry minimum auto liability limits of \$100,000 per occurrence and \$300,000 aggregate combined single limits of liability (or \$100,000/\$300,000 Bodily Injury; \$50,000 Property Damage) and uninsured motorist coverage. Please include a copy of the first page of your insurance policy showing these limits. Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ I am aware that, in the event of an accident while on a school-related activity, any claims will be tendered to my personal automobile insurance company, and that my insurance is primary. I am aware that all required volunteer forms must be completed and approved prior to driving students. I have completed and included the Volunteer Driver Checklist. Printed Name of Driver and/or Registered Owner\* Signature of Driver and/or Registered Owner\* Date

\*If the registered owner is under the age of 18, a signature of the parent is required.



## Lake Washington Volunteer Driver Checklist

Supplement to Form 1117

Vehicle Inspection: Please indicate Yes or No on each blank. All No answers must have a written response attached to this form. There is a working seat belt for the driver and each passenger, and I enforce the wearing of seat belts by everyone in the vehicle. I agree to transport any child who is less thab 8 years of age or less than 4'9" in a child passenger restraint system that meets Federal Motor Vehicle Safety Standards. If my vehicle has dual airbags, I will not seat children under 12 or small persons in the front passenger seat. My vehicle's brakes, including the emergency brake, are in good working order. My vehicle's tires have a legal tread depth (at least 3/32"). My vehicle's brake lights, turn indicators, and headlights are in good working order. My vehicle's windows are clear and provide an unobstructed view for the driver. My vehicle has functioning rear view mirrors (center and left side). My vehicle has no other physical defects that would interfere with the safety of the driver and passengers. My vehicle has a rated capacity of ten passengers or less. The above information is true and accurate to the best of my knowledge. I hereby give my permission for a copy of my personal Motor Vehicle Report to be ordered and used in consideration of my transporting students during field trips. Signature of Volunteer Driver Date \* Administrative Review: Please indicate Yes or No on each blank. This volunteer driver has an acceptable driving abstract, if one was required. This volunteer driver has been approved through the district volunteer process. All students have parental permission to ride with a volunteer driver. All No responses have been addressed satisfactorily. I have reviewed the above information and this driver and vehicle are approved for this trip.

Please return completed form to your school office.

Signature of Administrator or Designee

Date

School