Kings Canyon Unified School District
DECLARATION OF DISTRICT EMPLOYEES WHO USE THEIR OWN VEHICLES FOR DISTRICT RELATED BUSINESS

This form is to be completed by any employee that needs to use his or her vehicle on District business.

1. I am at least 21 years of age and hold a current valid California driver's license, the number of which is _____ and expires on _____.

2. The vehicle described below is insured by _____ with minimum auto liability insurance limits of: Bodily Injury $100,000/$300,000, Property Damage $50,000 per accident, and Medical Payments $2,000 per accident.

   I understand that my insurance will be the primary coverage should the need arise as a result of my transporting the students.

_____ School District may confirm by telephone or written communication the above coverage with 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	Passenger 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 which is in force at the present time, and a copy of my driver's license.

4. There will be no financial charge by me to the District for my transporting of pupils.

5. I understand and agree that I will respond to any request from **Kings Canyon Unified School District** for DMV or insurance information within five (5) days of the request.

6. I agree that I will notify **Kings Canyon Unified School District** of any change in the ownership status of my vehicles or insurance information relating to my automobile within three (3) days of the change.

7. My vehicle is properly equipped with seat belts, and I agree to enforce all seal belt laws at all times.

8. 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 for my vehicle.

9. I agree that I will not use my vehicle on District business if my automobile liability insurance policy limits are lower than those authorized above of if my driver's license is expired, revoked, or suspended for any reason, or I am under 21 years of age.

_____ _____
Name of Driver/Owner (Please Print) Signature of Driver/Owner Date

_____ _____
Position Site/Department

Authorized by: _____ Date:_____