

TRANSPORTATION FOR SCHOOL-RELATED TRIPS - DRIVER REGISTRATION FORM

Important: Please **ATTACH A COPY OF YOUR CURRENT DRIVER'S LICENSE AND PROOF OF VEHICLE INSURANCE** when submitting this form. (Copies may be made in the school office.)

DRIVER INFORMATION: (check one) Employee Parent/Guardian Volunteer

Purpose: (check one) Curricular Extra-Curricular

Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone #: (____) _____ Cell #: (____) _____ Driver's Lic.#: _____ Expires: _____

I can provide transportation for _____ (#) of students on this field trip or event.

FIELD TRIP INFORMATION

Field Trip & Location or Lucia Mar School & Sport: _____

Teacher, Supervisor, or Coach: _____

Date(s) of Trip: _____ Departure Time: _____ Return Time: _____

VEHICLE INFORMATION

Name of Registered Owner: _____ Year: _____ Make: _____

Complete Address: _____ License Plate #: _____

Registration Expiration: _____ Manufacturer's Seating Capacity: _____

INSURANCE INFORMATION

Insurance Company: _____ Phone #: (____) _____

Policy #: _____ Expiration Date: _____

List your Automobile	Bodily Injury:	\$ _____	\$100,000 to \$300,000 per accident
Insurance Policy	Property Damage:	\$ _____	\$25,000 per accident
Liability Limits	Medical:	\$ _____	\$2,000 or single limit of \$300,000

DRIVER'S STATEMENT (Please check all boxes that are true)

- I certify that I am at least 21 years of age and possess a valid California Driver's License.
- I HAVE NEVER BEEN CONVICTED** of reckless driving or driving under the influence (DUI) of drugs or alcohol.
- I HAVE BEEN CONVICTED** of reckless driving or DUI of drugs or alcohol. (If true, please attach an explanation of when and the circumstances of the offense(s))
- I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

By signing my name below, I certify that all information provided above is true and correct.

Signed: _____ Date: _____

DRIVER INSTRUCTIONS:

When using your vehicle to transport students on field trips or other school activity/sport trips, please:

1. Be sure that you are registered with the District for such purposes & have a valid driver's license & current liability insurance at or above the minimum amount required by law per occurrence (as noted above under liability limits).
2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed. If you have a truck or pickup, carry only as many as can safely sit in the passenger compartment. Students may not ride in the bed of the truck.
4. Require each passenger to use a seat belt. In case of emergency, keep all the students together.



EMPLOYER PULL NOTICE PROGRAM

**AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION**

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record,
to my employer, LUCIA MAR USD, 602 ORCHARD STREET, ARROYO GRANDE, CA 93420
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY	COUNTY	STATE
	SAN LUIS OBISPO	CA
DATE	SIGNATURE OF EMPLOYEE	
	X	

I, ANDY STENSON, SUPERINTENDENT, of LUCIA MAR UNIFIED SCHOOL DISTRICT
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY	COUNTY	STATE
ARROYO GRANDE	SAN LUIS OBISPO	CA
DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE	
01/23/2019	X	

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO **NOT** RETURN THIS FORM TO DMV.