

Student Athlete name: \_\_\_\_\_

Grade \_\_\_\_\_

Please complete and sign both sides of this form

**Berkeley Unified School District – Athletic Office**

**Use of private vehicle request form**

**DRIVER(s) INFORMATION: (please print)**

Driver 1: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Driver 1- License: \_\_\_\_\_ / \_\_\_\_\_  
License Number State  
 Driver 1- License Expiration Date: \_\_\_\_\_

Driver 2: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Driver 2- License: \_\_\_\_\_ / \_\_\_\_\_  
License Number State  
 Driver 2- License Expiration Date: \_\_\_\_\_

**ATTACH A CURRENT COPY OF DRIVER'S LICENSE.**

**VEHICLE(s) INFORMATION: (please print)**

Vehicle 1- License Plate: \_\_\_\_\_  
 \_\_\_\_\_  

Make	Model	Year
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 Number of available seat belts: \_\_\_\_\_  
 Registered Owner: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Contact Phone: ( ) \_\_\_\_\_

Vehicle 2- License Plate: \_\_\_\_\_  
 \_\_\_\_\_  

Make	Model	Year
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 Number of available seat belts: \_\_\_\_\_  
 Registered Owner: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Contact Phone: ( ) \_\_\_\_\_

**INSURANCE INFORMATION: (please print)**

Each vehicle must have liability insurance of at least \$300,000.

Insurance Carrier: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Insurance Agent: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

**ATTACH A CURRENT COPY OF VEHICLE INSURANCE CARD.**

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver or district employee, I must possess a valid and current driver's license that is designated for the class of vehicle to be driven, a current vehicle registration and have at least the \$300,000 minimum insurance coverage in effect as specified by District policy on any private vehicle I use to transport students or for District business. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have not knowledge of mechanical defects that could impose danger while transporting students. I understand that, per California Vehicle code, my personal automobile liability insurance policy must be primary in the event of an accident and I understand that the District provides no insurance coverage for physical damage to my personal vehicle or property. *I give my permission to allow Berkeley Unified School District to obtain my motor vehicle record from the Department of Motor Vehicles.*

Driver 1 \_\_\_\_\_  
Signature Name – Please Print Date

Driver 2 \_\_\_\_\_  
Signature Name – Please Print Date

**Return this form to the Berkeley High School Athletic Office**

Please complete and sign both sides of this form

**Berkeley Unified School District – Athletic Office**  
**Notification to Adults Driving Private Vehicles**

Thank you for volunteering to transport students in your private vehicle for athletic events, practices and competitions.

We want to inform you of the following while using private transportation:

1. The District's liability insurance does not cover damage to your vehicle or traffic violations incurred by the operation of your vehicle.
2. Each driver of a private vehicle must have a valid and current California driver's license.
3. Each vehicle shall carry liability insurance of at least \$300,000 per accident. This coverage is primary.
4. Passengers who are students must have written consent of parent/guardian.
5. Vehicles must be registered in California and in proper mechanical condition.
6. No financial payment by the District shall be made for pupil transportation provided in a private vehicle.
7. The number of passengers to be transported in any one vehicle shall not be more than the number of seat belts in the vehicle.
8. The driver and all passengers must wear seat belts.
9. The number of passengers, including the driver, shall not exceed the capacity for which the vehicle was designed and should not in any case exceed ten (10).
10. Trucks and pickups may not transport more persons than can safely sit in the passenger compartment.

Please sign below indicating that you understand these requirements and that you recognize the personal implications and responsibilities of the trip.

Driver 1:

Signature \_\_\_\_\_ Name – Please Print \_\_\_\_\_ Date \_\_\_\_\_

Driver 2:

Signature \_\_\_\_\_ Name – Please Print \_\_\_\_\_ Date \_\_\_\_\_

Revised 7/2010

*Did you remember to attach a copy of your Driver's License and Insurance information?*

**Return this form to the Berkeley High School Athletic Office**