

CARMEL UNIFIED SCHOOL DISTRICT

MINIMUM REQUIREMENTS FOR PUPIL TRANSPORTATION BY PRIVATE VEHICLE
VEHICLE SAFETY CERTIFICATION

- 1. **INSURANCE:** Public Liability/Bodily Injury \$100,00/300 Per Accident
Property Damage 10,000 Per Accident
Medical Payments 5,000 Per Passenger
- 2. **VEHICLE SERVICE:** Verification of safety of brakes, steering, tires, exhaust system and lights.
- 3. **SAFE DRIVING RECORD:** Department of Motor Vehicle inquiry may be made prior to approval.

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A. I have read Carmel Unified School District Administrative Regulation 3544.2 and understand the requirements.

B. I have insurance with: _____

Policy # _____ Effective Dates _____

Coverage:

Public Liability/Bodily Injury \$ _____ Per Accident

Property Damage \$ _____ Per Accident

Medical Payments \$ _____ Per Passenger

C. I have had a vehicle inspection within the last three months and attached a copy of the service record.

D. I authorize the Carmel Unified School District to make an inquiry into my driving record with the Department of Motor Vehicles.

Name: _____

Driver's License Number: _____ Birthdate: _____

Signature

Date

PLEASE NOTE: The Carmel Unified School District does not provide insurance coverage for drivers who transport school children.

Original: Principal
Copy: Business Office
Copy: Driver

FORM MUST BE RENEWED ANNUALLY

AUTO SERVICE RECORD

Car Owner (Please Print Name) Date

Year of Vehicle: _____ Make: _____ Model: _____

Mileage: _____ Color: _____ License: _____

Serial Number: _____

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<u>CHECK FOR OPERATION</u>	<u>CHECKED</u>	<u>OK'D BY (INITIALS)</u>
1. Steering	_____	_____
2. Brakes	_____	_____
3. Exhaust System	_____	_____
4. Tires: pressure	_____	_____
tread	_____	_____
5. Lights: tail lights	_____	_____
brake lights	_____	_____
headlights	_____	_____
turn signals	_____	_____
emergency flashers	_____	_____
6. Number of Seatbelts	_____	_____

Name of Inspection Agency Phone Number

Address Zip

Signature of Mechanic Date

MUST BE COMPLETED WITHIN THREE (3) MONTHS OF DATE OF APPLICATION