

Employee & Volunteer Use of Personal Automobile

In order to protect the health and safety of our Students, our District requires that anyone (employee or volunteer) using their personal automobile for District business or to transport Students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained **at least fifteen (15) days before you transport our Students**. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

Complete the forms and submit the required documents to your school site or department administrator.

Required Documents

- School Driver Certification Form
- Current Driver's License
- Insurance Policy Declarations Page
- Employee- Employer DMV Pull Authorization
- Non-Employee- Copy of DMV H6 report

Should your Driver's License or Insurance Policy expire during the school year, updated photocopies showing their renewal are required before a new certification can be issued.

Pursuant to Insurance Code Section 11580.9(d), in the case of an accident, **your insurance will provide the primary coverage for any resulting bodily injury or property damage**. The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS

For the safety of our Students, in signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards.
2. I will not transport Students in a Vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport Students unless I have a working seatbelt for each Student, with seatbelts to be used at all times by myself and all transported Students. The Vehicle(s) may be inspected by District representatives.
3. I am over the age of 21 and will be the sole driver of the Vehicle for any given activity, event, or competition. I will not let anyone other than myself and authorized Students ride in the Vehicle.



REDLANDS UNIFIED SCHOOL DISTRICT SCHOOL DRIVER CERTIFICATION FORM

Authorization is hereby requested for use of volunteer driver(s) in private vehicles for the following special trip(s):

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

Destination: To _____ From _____

Purpose: _____

It is understood that this trip is subject to the following conditions:

1. The trip must be optional and students under 18 cannot attend without prior consent of the parent or guardian. An appropriate District Consent Form for each participant must be completed.
2. The driver must hold a valid California driver's license (**LEGIBLE COPY OF LICENSE MUST BE ATTACHED**).
3. For **Non-Employee** Provide Risk Management a current DMV H6 report (Obtained from the DMV Office) / If an **Employee** sign DMV Pull Release form(**LEGIBLE COPY MUST BE ATTACHED**).
4. The District's liability insurance does not cover damage to private vehicles or passengers, but merely protects the District in the event of a claim of negligence in organizing the trip. The driver's personal automobile insurance policy would provide primary coverage. The driver must be covered by an automobile insurance policy with minimum coverage of: Public Liability & Bodily Injury - \$100,000/300,000 per accident; Property Damage - \$50,000 per accident; Medical Payments - \$2,000 (**DOCUMENTATION SHOWING COVERAGE LIMITS AND POLICY PERIOD MUST BE ATTACHED**).
5. Seat restraints must be available for all passengers. Transporting students is limited to vehicles which meet the requirements for transporting passengers contained in the motor vehicle code of the state of California. Transporting students in pick-up trucks or vans equipped with sub- standard passenger accommodations is expressly prohibited. Vehicles must not be overloaded.
6. Vehicles must be registered in California and be in proper mechanical condition.

Driver's Name (as shown on driver's license)

Driver's License Number

Driver's Address

Driver's Telephone Number

Automobile Make/Model

Number of Seat Belts in Automobile

Automobile License Number

Name of Insurance Company

Insurance Policy Number

I agree to accept the responsibilities involved with this trip and certify that I will comply with the conditions listed above.

Driver's Signature (as shown on driver's license)

Date

Authorization is hereby granted for _____ to transport a maximum of _____ in his/her private automobile at the date and time and to the destination specified above or attached.

Site Administrator's Signature

District Office Approval/Signature

Risk Management Supervisor
Title

Date

Original approved form must be in the possession of the driver at all times.

(SchoolDriverCert Form-06/05/2018)

RUSD EMPLOYEES ONLY



A Public Service Agency

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, Redlands Unified School District
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
Redlands	San Bernardino	CA
DATE	SIGNATURE OF EMPLOYEE	
	X	

I, _____, of Redlands 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
Redlands	San Bernardino	CA
DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE	
	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.

RUSD VOLUNTEERS ONLY



REQUEST FOR YOUR OWN DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)

OR VEHICLE/VESSEL REGISTRATION (VR) INFORMATION RECORD FEE: \$5.00 FOR EACH CURRENT RECORD

Write your DL/ID number or plate or VIN on the front or the back of your check.
DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD
OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.

REQUESTER'S INFORMATION PLEASE PRINT CLEARLY

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY STATE ZIP CODE

DAYTIME TELEPHONE

()

SIGNATURE

DATE

X

Check box(es) for type of record(s) you are requesting.

<input type="checkbox"/> DRIVER LICENSE/ID RECORD (Complete boxes A & B)	<input type="checkbox"/> VEHICLE/VESSEL REGISTRATION RECORD (Complete boxes C & D)
A. CALIF. DRIVER LICENSE/ID NUMBER	C. CALIF. LICENSE/CF NUMBER
B. BIRTH DATE (MO/DAY/YR)	D. VEHICLE/VESSEL ID NUMBER

DMV USE ONLY

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to DMV Headquarters:

Department of Motor Vehicles
P. O. Box 944247 MS G199
Sacramento, CA 94244-2470

INF 1125 (REV. 11/2000) WWW

Complete if mailing.

Send information to: (Print your name and address clearly in the box.)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

INF 1125 (REV. 11/2000) WWW — También disponible en español —

RUSD VOLUNTEERS ONLY



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FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

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DAYTIME TELEPHONE

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SIGNATURE

DATE

X

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Send information to: (Print your name and address clearly in the box.)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

INF 1125 (REV. 11/2000) WWW — También disponible en español —

CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS

DISTRICT VEHICLE

DIAGRAM & MISCELLANEOUS (IF NECESSARY)

Driver _____

Driver's License Number _____

Vehicle Year, Make and Model _____

Vehicle License Plate _____

Area of Damage _____

Describe How Accident Occurred

Diagram & Miscellaneous (if necessary) area

District _____

Accident Date _____ Time _____

Location _____

Police Agency Called _____



- Stop at once
- Call an ambulance for anyone seriously injured
- Contact the local police authority
- Obtain the name, address and phone # of all persons in the other vehicle(s)
- Obtain the name, address and phone # of all witnesses
- Obtain the license number and state of registration of the other vehicle(s)
- Phone your supervisor if there is personal injury or extensive property damage
- Do not discuss the accident with anyone other than the police authority, your employer or a representative of Keenan & Associates
- Complete this report as soon as possible and submit to the District office
- DO NOT ADMIT RESPONSIBILITY

LIABILITY COVERAGE

This vehicle is owned by a public entity and is self-insured through the membership in a joint powers insurance authority pursuant to the California Government Code. Section 16020 (B) (4) of the California Vehicle Code specifically exempts public entities from having to provide proof of financial responsibility.

OTHER PARTY

Name

Address

City State Zip

Home Phone Work Phone

Driver's License

Automobile Year, Make and Model

License Plate

Area of Damage

Prior Damage

Number of Passengers

Insurance Company

Address

City State Zip

Phone Number

INJURED

Name

Address

City State Zip

Home Phone Work Phone

Nature of Injury Reported at Time of Accident

Name

Address

City State Zip

Home Phone Work Phone

Nature of Injury Reported at Time of Accident

Name

Address

City State Zip

Home Phone Work Phone

Nature of Injury Reported at Time of Accident

WITNESSES

Name

Address

City State Zip

Home Phone Work Phone

Name

Address

City State Zip

Home Phone Work Phone

Name

Address

City State Zip

Home Phone Work Phone