

REQUEST FOR APPROVAL FOR SCHOOL AUTHORIZED TRANSPORTATION OF STUDENTS
IN PRIVATELY OWNED VEHICLE NON-COMPENSATED
(Not required for a parent driving only his or her own child/children)

Please attach the following when returning this form:

- 📄 Copy of Driver’s License
- 📄 Certificate of Insurance Coverage (must show coverage limits and dates of coverage)

I attest to the following:

1) Medical qualifications – I am not knowingly afflicted with or suffering from any mental or physical disability or disease that would impair my ability to exercise reasonable control over a motor vehicle. I have sufficient use of both hands and the foot normally employed to operate the foot brake and foot accelerator.

2) Driving record qualifications – **I am 18 years of age or older.** I currently possess a valid Wisconsin operator's license. Additionally, within the past two (2) years, I have no convictions for: **a)** operating under the influence of alcohol or a controlled substance, **b)** refusal to submit to chemical testing, **c)** reckless driving, **d)** any offenses enumerated under s. 343.32 (mandatory revocation), **e)** operating a commercial motor vehicle (CMV) with a blood alcohol concentration (AC) of .04% or more, **f)** causing injury to another person by operation of a CMV with an AC above 0.04% or more but less than .10%, **g)** two or more offenses or a combination of: operating a CMV with an AC above 0.00%; or operating a CMV within 4 hours of having consumed any intoxicating beverage; or operating a CMV while possessing an intoxicating beverage.

3) Vehicle safety requirements – SEAT BELTS ARE REQUIRED TO BE WORN BY DRIVER AND ALL PASSENGERS. The vehicle which I shall use to transport students has a capacity of ten (10) persons or less, including the driver. The vehicle is a safe vehicle, with all safety equipment in good working order, including the following items: tires, lights, signals, brakes, steering, mirrors, exhaust, windows, body integrity, and any other aspects which might affect the safe operation of the vehicle. In addition, I will not transport more persons than can be seated on the permanently mounted seats facing forward. I will also be the only individual driving the vehicle used to transport students.

4) Insurance requirements – I have in effect at the time of transporting students at least the minimum vehicle liability insurance coverage required by the district. Upon request, I agree to provide the District with a Certificate of Insurance. I agree that my insurance carrier will provide the primary liability coverage in the event of an accident, understanding that when I transport students to special events under this approval, the district's insurance may provide secondary liability coverage only after the limits of my policy are reached. I understand and agree that if any of the above statements are not true as they apply to me (or if my status regarding any of the above conditions should change and I fail to notify my immediate supervisor immediately in writing) or I fail to comply with any of the terms or conditions set forth herein, then I forfeit all rights to any secondary liability insurance that may have been provided by the district's insurance carrier in my transporting students to special events and the approval granted to me to do so is immediately rescinded.

"Minimum liability limits" means, with respect to a motor vehicle policy of liability insurance, liability limits, exclusive of interest and costs, in the following amounts:

- a. Property damage liability coverage with a limit of not less than \$100,000; and
- b. Bodily injury liability coverage with limits of not less than \$100,000 for each person and, subject to such limit for each person, total limits of \$300,000 for each accident, or \$300,000 Combined Single Limit

Applicant’s Signature

Date