Sausalito Marin City School District

200 Phillips Drive Marin City, CA 94965 Tel: 415-332-3190 Fax:415-332-9643

DRIVER INFORMATION FORM

This form is to be completed by ALL persons in the following categories:

Sausalito Marin City School District Employees

Persons being paid mileage in lieu of school bus transportation

Parent/Volunteer drivers transporting SMCSD students

Name		
Address		
City	State Zip Code	
1. CURRENT CALIFORNIA DRIVER'S LICENCE #:		Expiration Date:
2. AUTOMO	TIVE LIABILITIY INSURANCE	
Company:		
Policy Number:		Expiration Date:
	Sausalito Marin City School District <u>Re</u>	equired Insurance Limits:
		My insurance Policy limits:
	\$100,000/\$300,000 - Bodily Injury \$25,000 - Property Damage	Bodily Injury \$
		Property Damage \$
3. VEHICLE	CAPASITY: One passenger per seat belt. A	ll passengers shall use their seat belts.
	MAINTENANCE	

The vehicle is in safe operating condition based on inspection by me or a mechanic as to the lights, horn, turn signals, tires and suspension.

I CERTIFY THE ABOVE INFORMATION TO BE CORRECT. I UNDERSTAND THAT MY INSURANCE IS PRIMARY IN CASE OF AN ACCIDENT AND THAT THE SAUSALITO MARIN CITY SCHOOL DISTRICT ACCEPTS NO RESPONSIBILITY FOR DAMAGE OR LOSS TO MY VEHICLE.

Date:

Signature: