UCAES PRIVATE TRANSPORTATION 2017-2018

Vehicle Owner's Name _____

Year _____ Make _____ Model _____

Vehicle License # _____ State _____

Driver's Name _____ Birth Date _____

Driver's License #_____State _____

Address _____
_____
_____
_____

INSURANCE: (Please attach copy of Driver's License & Auto Insurance)

Name of Company _____

Name of Agent _____

Address of Agent _____

_____

Policy meets minimum state liability requirements ☐ Yes ☐ No

Insurance policy in effect to what date _____

Explain in detail all accidents and/or citations for moving violations received by you during the past 3 years: ☐ None

_____
_____
_____
_____
_____
_____
_____
_____

Have you ever had any driver's license suspended or revoked? ◯ No ◯ Yes
If yes, explain in detail:

_____
_____
_____
_____
_____

Date _____ Signature _____

Driver Record/Qualifications for Field Trip Drivers
Adventist Risk Management, Inc.

All drivers shall be properly licensed and comply with all Federal, state and/or provincial laws for the class of vehicle being operated.

The recommended minimum age for drivers shall be twenty-one (21) years.

Drivers shall have an acceptable driving record during the previous three years with not more than two moving traffic citations and **no at-fault accidents** while driving any vehicle.

Private vehicles (non-school owned) used for school activities shall be **currently insured** to comply with state law. Staff-owned vehicles shall be covered with insurance limits of $300,000.

When a driver does not meet the above driving standard, he/she shall not be allowed to drive for a school sponsored activity.

Transporting students in the back of open pickups or trucks is **prohibited.**