NOVATO CHARTER SCHOOL
940 "C" Street, Novato, CA 94949
Ph: 415-883-4254 | Fax: 415-883-1859
www.novatocharterschool.org

DRIVER AUTHORIZATION FORM

All work must be submitted at least 14 days in advance before driving

Drivers Name:	Phone Number:
Driver's Email:	
Make + Model:	Number of Seats:

Minimum Insurance Requirements

$100,000 Bodily Injury *Per Person* – $300,000 Bodily Injury *Per Occurrence* – $25,000 Property Damage

Insurance Provider:		
Bodily Injury Limit Per Person:	Bodily Injury Limit Per Occurence:	Property Damage Limit:

1. Vehicle capacity is one passenger per seatbelt. ***I will ensure that all my passengers wear their seatbelts.***
2. I have inspected my vehicle and it is in safe operating condition: lights, horn, turn signals, brakes, tires and suspension.
3. I have no physical limitations that would adversely affect my ability to drive safely, including, but not limited to, blackouts, seizures, or release from an alcohol or detoxification facility within the last 6 months.
4. I have **no prior convictions** for driving under the influence, nor will I consume any alcoholic beverages or other drugs while on a school-sponsored field trip.
5. I have **no prior convictions** for violent or serious felonies as listed and described in subdivision (c) of Section 667.5, Section 1192.7, and Section 44010 of the Penal Code.
6. I have provided Novato Charter School with (1) a copy of my driver's license, (2) current DMV driving record, (3) current insurance billing statement, and (4) current proof of insurance card.
7. I am adult **over the age of 25**:
    a. I certify that the above information is correct, and that the insurance coverage provided is in force. I agree to advise Novato Charter School in writing of any changes in the above information.
    b. I will be using a vehicle listed on my insurance document. I understand that my insurance is **PRIMARY** in case of an accident, and Novato Charter School accepts no responsibility for damage or loss to my vehicle.
    c. I understand that I must **IMMEDIATELY** notify Novato Charter School of any changes to my driver's license validation or restrictions, or if my insurance coverage no longer meets the specified requirements.

Please Note: This form expires on the last day of the current school year and must be renewed each school year.

Signature of Driver: _____ Date: _____

School Representative: _____ Date: _____