

Information Sheet

Privately-Owned Vehicles Used to Transport Students

Driver Information

Driver Name _____ License # _____

Address _____ Telephone # _____

Have you been a driver of a vehicle that has been in an accident or ticketed for a moving violation in the last three (3) years? _____ Yes* _____ No

*If answered Yes, please explain

Vehicle Information

Make _____ Model _____ Year _____

Vehicle License # _____ Number of seat belts _____

Vehicle Insurance (name of company) _____

The insurance on the privately owned vehicle will be primary and the school district's insurance secondary.

Signature _____ Date _____

Please supply a copy of your current Oregon Auto Insurance card and a copy of your current ODL.