



**AUTHORIZATION TO USE PRIVATELY OWNED VEHICLE ON SCHOOL DISTRICT BUSINESS**

Please print and complete all boxes.

**I. Driver Information**

Driver's Name	School/Dept	Purpose(s)
Driver's Address	Phone	Relationship with District
Date (s) of Driving	# of Passengers	Vehicle description

**II. CERTIFICATION**

In accordance with District Policy, approval is requested to use a privately owned automobile on official school district business.

1. I certify that my privately owned vehicle, while used for District business, will always be:
  - a. Covered by liability insurance for the minimum amount prescribed by the District: \$300,000 single limit or \$100,000/\$300,000/\$25,000 automobile liability insurance with Uninsured/Underinsured coverage.
  - b. Equipped with one fully functional seat belt for every passenger.
  - c. To the best of my knowledge, in safe mechanical condition and adequate for passenger transportation and/or work performed.
2. I further certify that while using a privately owned vehicle on official District business, all motor vehicle laws will be obeyed, including all passengers' use of seat belts and use of booster seats for any child less than 40 pounds or under 6 years of age (per Colorado State Law).

Note: Any traffic accidents, no matter how minor, will be reported immediately to Risk Management at 303-387-0035.

3. I further certify that I am at least 21 years old, and that I possess a valid Colorado Driver's license as follows:

License Number	Date of Birth	Expiration Year
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4. I further certify that I have not been convicted of Driving Under the Influence, Driving While Impaired or Reckless Driving in the past five years.

\_\_\_\_\_  
Individual's Signature \_\_\_\_\_  
Date

**III. PROOF OF INSURANCE**

Insurance Company	Policy No.	Expiration Date
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Attached is a copy of my current policy declarations page stating my coverage limits, policy effective dates, and covered vehicle information.

**IV. RECOMMENDATION**

Use of privately owned vehicle on School District business is recommended.

\_\_\_\_\_  
Site administrator's signature \_\_\_\_\_  
Date

**V. Approval**

\_\_\_\_\_  
Risk Management \_\_\_\_\_  
Date

**INSTRUCTIONS**

1. This form should be submitted to the Principal's secretary so it can be received by Risk Management a minimum of two weeks prior to the event to ensure adequate time for the approval process.
2. A copy of Proof-of insurance must be attached as described and the form signed by the site administrator before approval will be given.