



DISTRICT SCHOOL BOARD OF PASCO COUNTY
PRIVATE VEHICLE / INSURANCE INFORMATION

MIS Form #167
Rev. 2/07

Complete the following for each privately owned vehicle to be used for transporting students to and from school related activities.

TO BE COMPLETED BY VEHICLE OWNER

Model of Vehicle Name of Owner (Print)

Year of Vehicle Name of Driver (Print)

Make of Vehicle Vehicle Tag Number

I certify that the above described vehicle, which is to be used only for the approved transportation purposes set forth below, is covered by bodily injury liability insurance equaling or exceeding \$10,000 per person/\$20,000 per occurrence and personal injury protection ("No-Fault") coverage equaling or exceeding \$10,000 per person.

This coverage is with Insurance Co. and expires on Month/Day/Year

This vehicle complies with the Federal Motor Vehicle Safety Standards. (Verification of compliance is normally reflected by a sticker located in the door well of the driver's door.) Yes No NOTE: If No, the vehicle is NOT to be used for transporting students.

Signature of Owner Date

Address City State

Zip Code Home Phone Cell Phone

TO BE COMPLETED BY VEHICLE DRIVER

Driver's License: State Number

I understand that I am authorized to only use the aforementioned vehicle for transportation of students, and that I am only authorized to transport students for the purpose of (field trip/illness/recreational outing/interscholastic competition) to the following location and back and that I am not to deviate from the authorized transportation destinations.

I understand that all passengers will be seated in designated seating positions and shall be required to use the occupant crash protection system provided by the vehicle manufacturer.

Signature of Driver Date

Address City State

Zip Code Home Phone Cell Phone

TO BE COMPLETED BY THE SCHOOL PRINCIPAL OR DESIGNEE

Teacher Sponsor

The above driver and vehicle is approved to transport students on (Date).

Signature of Principal or Designee Date

School