

Application to Drive for School Functions

Sonoma County Office of Education

This application will remain valid for one (1) year or until driver's license or insurance policy expires. Please attach copies of your driver's license, vehicle registration, insurance policy and DMV printout to this application form.

Driver Information

Name _____ Phone _____

Address _____ Driver's License # _____

_____ Expiration Date _____

Vehicle Information

Registered Owner _____ Year and Make _____

Address _____ License Plate # _____

_____ Seating Capacity _____

Registration Expires _____ # of Seat Belts _____

Insurance Information

Insurance Company _____

Address _____

Policy # _____ Expiration Date _____

Liability Limits _____

Attachments

- Driver's License Vehicle Registration Insurance Policy DMV Printout

I certify that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damage.

Applicant's signature _____ Date _____

I acknowledge that the above information has been reviewed and that all necessary attachments have been received and comply with Sonoma County Office of Education policy.

Principal's signature _____ Date _____