WEST COVINA UNIFIED SCHOOL DISTRICT

EMPLOYEE/VOLUNTEER PERSONAL AUTOMOBILE USE PERMISSION FORM

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY. FAILURE TO DO SO MAY RESULT IN DENIAL OF REQUEST.

Date of Event _____ Destination of Event _____

Type of Event, i.e., Competition, Study Trip, Athletics, Performance, etc. _____

Name of Driver _____ Birth Date _____

Driver's License Number _____ State Issued _____ Expiration Date _____

↑(If other than CA)

Year & Make of Auto _____ Vehicle License Number _____

Insurance Carrier/Agent _____ Phone Number _____

Liability Limits _____ Policy Number _____

Expiration Date of Policy __/__/__ List Any Driving Restrictions _____

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

_____ _____ _____ _____

Owner of Vehicle **Date** **Driver's Signature** **Date**

(Please make a copy of your Driver License and your Auto Insurance Card or Policy and attach to this form)

Note: If you drive your personal automobile while on District business, and you are involved in an accident, by law, your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for comprehensive and collision coverage to your vehicle.

I have read the above statement and approve the use of this vehicle for the purpose stated.

_____ _____

Campus Administrator's Signature **Date**

_____ _____

Business Office Approval Signature **Date**

_____

↑ Name of Advisor(s) and/or Organization(s) you will be working with during this school year ↑