

## DRIVER AUTHORIZATION FORM

SCH	OOL	YEAR	

DRIVER	Surname		Given Name
	Address		Phone
	Licence #	Class	Expiry Date
	Has your driver's licence been suspende 3 years?	ed in the last	🗆 Yes 🗌 No
	If Yes, provide date of reinstatement:		
	Have you been involved in any accidents in the last 3 years?	s as a driver	🗆 Yes 🗌 No
	If Yes, provide particulars:		
	Have you been convicted of an offence u Highway Traffic Act, the Motor Vehicle Administration Act, or any motor vehicle		🗆 Yes 🔲 No
	offence under the Criminal Code in the la If Yes, provide particulars:		

VEHICLE #1	Make	Model	Year	Plate
	Registered Owner Name	(if different than Driver)		
	Registered Owner Addre	2SS		
	Pkg. Policy Ins. Co.	Policy #	Publi	c Liability Limit

VEHICLE #2	Make	Model	Year	Plate
	Registered Owner Name	e (if different than Driver)	)	
	Registered Owner Address			
	Pkg. Policy Ins. Co.	Policy #	Pu	blic Liability Limit

COMMITMENTS	I agree to abide by the requirements of the High applicable Traffic Bylaws while acting as a volume		
	I undertake to report to the school principal all in my license or change in my insurance status wh this authorization while it remains in force (i.e., c	cidents and any suspension of ich may occur after the date of	
	I agree to operate the automobile referred to herein in a safe manner, to drive in accordance with the Highway Traffic Act, to limit the number of passengers to the number of seat belts which are usable and to comply with the directions of teachers or agents of the School.		
	I understand there may be insurance coverage available under the School's insurance policy but, in the event of a claim, I agree that any claim shall be made first against the insurance held by the registered owner of the vehicle and against the insurance held by the School when the limits of the insurance held by the registered owner of the vehicle have been reached.		
	I understand that a package policy with coverage of at least \$2,000,000 should be in place on any car being used to drive for school purposes.		
	I accept the foregoing undertakings and certify the this application is accurate to the best of my known is accurate to the best of my known is accurated by th		
	Signature of Driver	Date	
	Signature of Driver           Signature of Vehicle Owner	Date Date	
OFFICE USE ONLY	Signature of Vehicle Owner Signature of Parent/Guardian	Date Date	