



# Driver Authorization Form

Staff, Parents/Guardians, Students, Volunteers

SCHOOL YEAR
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<b>DRIVER</b>	Surname		Given Name	
	Address		Phone	
	Licence #	Class	Expiry Date	

Has your driver's licence been suspended in the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, provide date of reinstatement:		

Have you been involved in any accidents as a driver in the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, provide particulars:		

Have you been convicted of an offence under the Highway Traffic Act, the Motor Vehicle Administration Act, or any motor vehicle related offence under the Criminal Code in the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, provide particulars:		

<b>VEHICLE #1</b>	Make	Model	Year	Plate
	Registered Owner Name (if different than Driver)			
	Registered Owner Address			
	Pkg. Policy Ins. Co.	Policy #	Public Liability Limit	

<b>VEHICLE #2</b>	<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>Plate</b>
	<b>Registered Owner Name (if different than Driver)</b>			
	<b>Registered Owner Address</b>			
	<b>Pkg. Policy Ins. Co.</b>	<b>Policy #</b>	<b>Public Liability Limit</b>	

<b>COMMITMENTS</b>	I agree to abide by the requirements of the Highway Traffic Act and the applicable Traffic Bylaws while acting as a volunteer driver for school functions.	
	I undertake to report to the school principal all incidents and any suspension of my license or change in my insurance status which may occur after the date of this authorization while it remains in force (i.e. current school year).	
	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 that the information contained in this application is accurate to the best of my knowledge:	
	_____	_____
<b>Signature of Driver</b>	<b>Date</b>	
_____	_____	
<b>Signature of Vehicle Owner</b>	<b>Date</b>	
_____	_____	
<b>Signature of Parent/Guardian</b> (if driver under 18 years of age)	<b>Date</b>	

<b>OFFICE USE ONLY</b>	The driver is authorized to drive the vehicle(s) noted for the school during the current school year.	
	_____	_____
	<b>Signature of Principal (or Vice Principal)</b>	<b>Date</b>