



Driver Authorization Form - Student Transportation in Private Vehicles

School: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Class \_\_\_\_\_ Date of Birth\*: D M Y (\*only required for driver's abstract)

Name of Insurance Company: \_\_\_\_\_

Insurance Policy No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Table with 2 columns: Statement and Yes/No checkboxes. Statements include insurance notification, coverage amount, policy copy, child/seat belt assembly, license suspension, and driver's abstract release.

I, \_\_\_\_\_, hereby confirm that the information contained in this form and any attachments hereto, is truthful in all respects and that I have not in any way misrepresented or failed to provide any information reasonably pertinent to the Division's decision regarding the transportation of students, staff, and/or volunteers in my private vehicle.

Name of driver (print) Signature Date Signed

Name of vehicle owner (print) Signature Date Signed

School principal (print) Signature Date Signed