# SCHOOL DISTRICT OF OKALOOSA COUNTY RISK MANAGEMENT DEPARTMENT AGREEMENT GOVERNING THE USE OF PRIVATE AUTOS FOR SCHOOL BUSINESS

Complete the following for <u>each privately owned vehicle</u> to be used for transporting students to and from related activities. <u>TO BE COMPLETED BY VEHICLE OWNER</u>

Model of Vehicle	Name of Owner (Print)		
Year of Vehicle Name of Driver (Print)			
Make of Vehicle	Vehicle Tag Number		
I certify that the above described vehicle, which is to be injury liability insurance equaling or exceeding \$200,00 equaling or exceeding \$10,000 per person and that I wi transportation. In the event of an accident while the ve principal or his/her designee as soon as possible but in damage to my vehicle shall NOT be reimbursable by the	e used only for the approved transportation purpo 00 per person / \$300,000 per occurrence and perso ill maintain the required insurance coverages at al chicle is operated on school business, I will report no event any later than 24 hours after the accide	oses set forth below, is covered by bodily conal injury protection ("NoFault") coverage I times while my vehicle is used for studen all details of the accident to the school	
This coverage is with	Insurance Company an		
This vehicle complies with the Federal Motor Vehicle Sanormally reflected by a sticker located in the door well the driver's door.) Yes No NOTE: If No, the	of		
Signature of Owner		Date	
Address	City	State	
Zip CodeHome Phone () _	Cell Phone ()		
TO BE COMPLETED BY VEHICLE DRIVER			
Driver's License: State	Number		
I understand that I am authorized to use only the afore students for the purpose of the following location and back transportation destinations. This authorization to trans each event or activity for which I provide transportation been checked by the school district and it is confirmed the past ten years.	e.g. field trip, illness, recreational o and that I sport students must be granted by the school prin n. I understand that I cannot provide transportati	uting, interscholastic competition, etc.) to am not to deviate from the authorized cipal or his/her designee and is required fo on to pupils until my driving record has	
I understand that all passengers will be seated in design provided by the vehicle manufacturer.	gnated seating positions and shall be required to	use the occupant crash protection system	
Signature of Driver		Date	
Address	City	State	
Zip CodeHome Phone () _	Cell Phone ()		
TO BE COMPLETED BY THE SCHOOL PRINCIPAL OR DES	SIGNEE		
School	_Teacher / Sponsor	The above	
driver and vehicle is approved to transport students on	n(Date).		
Signature of Principal or Designee		Date	

# SCHOOL DISTRICT OF OKALOOSA COUNTY RISK MANAGEMENT DEPARTMENT AGREEMENT GOVERNING THE USE OF PRIVATE AUTOS FOR SCHOOL BUSINESS

### **Acceptable Vehicle Types**

Only vehicles that meet the standards below may be used to transport students:

- o All cars with any wheelbase; including sedans, coupes, hatchbacks and wagons
- o Most SUV's the vehicle must have a wheelbase of 110" or greater. An internet search using year, make, model and "wheelbase" as search terms may be used to verify vehicle compliance with wheelbase standard.
- Trucks- light trucks, such as small or large pickups. Trucks must have a rear object detecting system. This can be a mirror system or a rear video system
- o All Minivans

#### Occupancy limit is 10 people or less

### **Unacceptable Vehicle Types**

Under no circumstances may the vehicles below be used to transport students:

- o 15 passenger vans
- Motorcycles
- Trailers
- SUV's with a wheelbase less than 110"

\*\*The information contained in the form is pursuant to Sec. 1006.22, Fla. Stat. and Sec. 49 CFR Part 571, NHTSA, National Highway Traffic Safety Administration.