DRIVER’S PERMISSION FOR USE OF PRIVATE VEHICLE TO TRANSPORT SIATECH STUDENTS

NOTE: This form must be completed and returned to the administrator in charge at least 24-hours prior to the activity.

Date Submitted________________ Date of Activity________________ Advisor/Teacher________________________

Purpose of Activity__________________________________________________________________________________

Destination of Activity_______________________________________________________________________________

DRIVER’S PROOF OF INSURANCE COVERAGE:

Name of Insurance Co._______________________________________Policy#________________Expiration_________

Name of Local Agent________________________________Address_______________________Phone_____________

Limits of Liability__________________________________________Property Damage___________________________

VEHICLE: Make/Model/Year_______________________________________________Car License#______________

Registered Owner Name___________________________________________Safe Operating Condition? □ Yes □ No

DRIVER: Name __________________________ Driver’s License #______________Expiration Date________

Home Address_______________________City_______________Zip____________Phone________________________

Has driver had any moving violations in the past 12 months? □ Yes □ No Age of driver if under 21_______

Has driver had any accidents in the past twelve (12) months? □ Yes □ No (If yes to either question, please explain:)

_________________________________________________________________________________________________

_________________________________________________________________________________________________

REQUIREMENTS AND LIMITATIONS:

MINIMUM INSURANCE REQUIREMENTS - Public liability: Bodily Injury……………. $100,000/300,000 per accident

Property Damage…….. $                50,000 per accident

Medical Payments……. $         5,000 per individual

FINANCIAL CHARGE – No financial charge to SIATech, its Charter Authorizer, or Job Corps shall be made for pupil transportation by private vehicle.

PASSENGER LIMITATIONS – The number of passengers to be transported in any one vehicle shall not be more than the legally permissible number for the vehicle and in all cases no more than nine. The number of passengers is limited by the number of seat belts.

I UNDERSTAND THE FOLLOWING CONDITIONS:

1. I have read and understand the requirements and limitations and I meet the minimum insurance requirements.
2. Permission is also hereby granted to any adult to seek and obtain medical assistance and services for said student while on such field trip or activity.
3. Private insurance coverage will be primary; SIATech insurance will be secondary.
4. Parent Permission Slips will be required of ALL students and must be in the possession of the driver and must be delivered to the administrator.
5. The only person approved to drive will be the driver designated above.
6. The driver accepts responsibility to provide a vehicle, which is in safe operating condition.
7. ALL passengers will be accommodated in seats equipped with seat belts.

SIGNATURE OF DRIVER ____________________________________________

SIGNATURE OF PARENT (IF DRIVER IS UNDER 21 YEARS OF AGE)

(SIATech reserves the right to verify signatures.)

APPROVAL OF SITE ADMINISTRATOR __________________________ DATE________________________

MH/kv . Driver’s Permission For Use of Private Vehicle.F300

SIATECH Form F300