

SCHOOL DRIVER CERTIFICATION

I understand these requirements and have attached the following:

Proof of insurance coverage that meets or exceeds the required standards.

Insurance Carrier _____

Policy Number _____

Expiration Date of Policy _____

I have attached a copy of my DMV driving record printout.

Private Vehicle Function / Maintenance checklist has been completed by Ferndale Elementary designated personnel.

I have read and understand the *School Driver Certificate Form for use of private vehicles*.

Type of Vehicle _____

Description of Vehicle (color etc.) _____

Vehicle License Number _____

Signature of Driver

Date

I have reviewed this driver's request for certification and attest that all requirements have been met.

Signature of Principal

Date

This driver is certified for one year, until _____