



### STAFF REQUEST FOR AUTHORIZATION TO TRANSPORT STUDENTS

All district personnel, other than bus drivers, transporting students for school sponsored activities must submit this form to their building administrator prior to transporting students. Final approval by Human Resources is necessary if violations are noted. A new form must be completed and approved each school year. This annual authorization form will remain on file with the building administrator or designee and a copy forwarded to the District Risk Management Director upon completion.

Name of driver (Last, First, Middle): \_\_\_\_\_

Drivers' License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_

Insurance Co. Phone #: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Circle Yes or No:**

- **Yes No** I am at least 21 years of age.
- **Yes No** I have a valid Washington State driver's license.
- **Yes No** I have a current First Aid certification.
- **Yes No** I have a current CPR certification.
- **Yes No** I have an active auto liability insurance policy (policy information provided above) that carries a minimum liability limit of \$100,000 per person/\$300,000 per accident and \$50,000 property damage. The policy includes coverage for general liability, bodily injury, property damage, and uninsured/underinsured motorist.  
Puyallup School District insurance covers district employees on district business.
- **Yes No** I certify that my vehicle has no known mechanical defects, and no known safety deficiencies.
- **Yes No** I certify that all occupants of any vehicle I use to transport students will be required to individually wear a seat belt, including both the driver and passengers. If the vehicle I am driving to transport students is equipped with a passenger side air bag, I will not allow any student to ride in the front passenger seat if they are less than 12 years old, or weigh less than 100 pounds.
- **Yes No** I understand that I may only transport students in Puyallup School District vans, which have a rated capacity of 10 passengers, including the driver, or less. Any vehicles with a greater than 10 passenger rated capacity are prohibited.
- **Yes No** I agree to immediately report to the school principal (or designee) regarding any and all accidents, regardless of how minor, that I am involved in while transporting district staff, volunteers, or students.

- **Yes No** I certify that I have no known medical condition that would adversely affect my ability to safely transport students in a motorized vehicle.
- **Yes No** I have had a moving vehicle violation(s) within the last three (3) years. (If “Yes,” list violation and date):

Violation:	Date:

**\*If violations are noted, send to HR for approval before transporting students**

Please note that no person shall be authorized to transport students for the Puyallup School District, if in the preceding three (3) year period, has been convicted or cited by lawful authority for the following:

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| <ol style="list-style-type: none"> <li>1. DUI / DWI</li> <li>2. Deferred Prosecution</li> <li>3. Negligent Driving</li> <li>4. Reckless Driving</li> <li>5. Open Container Violation</li> <li>6. Speeding (11 MPH or more)</li> <li>7. Violating License Restrictions</li> <li>8. Illegal Drugs</li> </ol> | <ol style="list-style-type: none"> <li>9. More Than Two Citations in a 3-year period</li> <li>10. Suspended License – Moving and Administrative Action</li> <li>11. Failure to Appear</li> <li>12. Vehicular Homicide</li> <li>13. Vehicular Assault</li> <li>14. Road Rage</li> <li>15. Hit and Run Driving</li> <li>16. Other Citations (as deemed appropriate)</li> </ol> |
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**I certify that I have answered all of the above questions truthfully and have not withheld any information.**

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Signature	Date
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**\* Before submitting this form for approval, please attach a photocopy of your current driver’s license and proof of insurance.**

**For Approving Authority Use Only:**

Photocopy of current driver’s license and proof of insurance provided.	YES	NO
The employee meets all of the criteria outlined above:	YES	NO
The employee’s application is:	APPROVED	DENIED

Justification for denial: \_\_\_\_\_

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Administrator’s Signature	Title	Date
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