



**DISTRICT SCHOOL BOARD OF PASCO COUNTY  
PRIVATE VEHICLE / INSURANCE INFORMATION**

MIS Form #167  
Rev. 2/07

Complete the following for each privately owned vehicle to be used for transporting students to and from school related activities.

**TO BE COMPLETED BY VEHICLE OWNER**

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 used only for the approved transportation purposes set forth below, is covered by bodily injury liability insurance equaling or exceeding \$10,000 per person/\$20,000 per occurrence and personal injury protection ("No-Fault") coverage equaling or exceeding \$10,000 per person.

This coverage is with \_\_\_\_\_ Insurance Co. and expires on \_\_\_\_\_  
Month/Day/Year

This vehicle complies with the Federal Motor Vehicle Safety Standards. (Verification of compliance is normally reflected by a sticker located in the door well of the driver's door.) Yes \_\_\_\_\_ No \_\_\_\_\_ **NOTE: If No, the vehicle is NOT to be used for transporting students.**

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**TO BE COMPLETED BY VEHICLE DRIVER**

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_

I understand that I am authorized to only use the aforementioned vehicle for transportation of students, and that I am only authorized to transport students for the purpose of \_\_\_\_\_ (field trip/illness/recreational outing/interscholastic competition) to the following location and back \_\_\_\_\_ and that I am not to deviate from the authorized transportation destinations.

***I understand that all passengers will be seated in designated seating positions and shall be required to use the occupant crash protection system provided by the vehicle manufacturer.***

Signature of Driver \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**TO BE COMPLETED BY THE SCHOOL PRINCIPAL OR DESIGNEE**

Teacher Sponsor \_\_\_\_\_

The above driver and vehicle is approved to transport students on \_\_\_\_\_ (Date).

Signature of Principal or Designee \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_