

**UNIVERSITY PREPARATORY SCHOOL**  
**APPLICATION TO PROVIDE STUDENT TRANSPORTATION**

This completed application will initiate a request for your DMV driving record that will be reviewed by Shasta Union High School District personnel to determine your eligibility to transport student(s) to/from U-Prep sanctioned events. You may not transport student(s) until approval is granted. Approval notices will be sent via U.S. mail. Drivers must be on the school's Approved Driver List at least two weeks prior to the date of the event to be eligible to transport students. In this document references to 'U-Prep' and 'District' are considered one in the same.

**Please print legibly. One application per person, per vehicle. Application valid for current school year only.**

School Site: U-Prep

Student's Name: \_\_\_\_\_

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**APPLICANT INFORMATION**

**SECTION #1:**

Are you an employee of U-Prep \_\_\_ Yes \_\_\_ No

Name as it appears on Driver's License: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
*First* *Middle* *Last* *Must be 23 years of age or older.*

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
*Street* *City* *Zip Code*

**SECTION #2:**

**PRIVATE VEHICLE INFORMATION**

(you may only use the vehicle below to transport students)

(Vehicle may not be designed or maintained to transport more than 9 passengers)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_ Registration Exp. \_\_\_\_\_

# Seats: \_\_\_\_\_ # Seat Belts: \_\_\_\_\_ Owner Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
(If different from above)

*(If a collision occurs, Applicant's insurance will bear responsibility for any losses or claims of damage.)*

**SECTION #3:**

**INSURANCE INFORMATION**

Minimum Liability Required: 100,000 Bodily Injury Per Person, 300,000 Bodily Injury Per Occurrence, 50,000 Property Damage, or 300,000 combined each occurrence.

Auto Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Limits of Liability:

Bodily Injury per Person: \_\_\_\_\_ Bodily Injury per Occurrence: \_\_\_\_\_ Property Damage: \_\_\_\_\_

*I certify that I have read the "District's Guidelines Relating to Student Transportation" and that I am in compliance with them. The information that I have provided is true and correct. I understand that, if a collision occurs, my insurance coverage shall responsibility for any losses or claims of damage. If eligibility is granted, I agree to abide by the District Guidelines Relating to Student Transportation.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANTS ARE REQUIRED TO COMPLETE AND SIGN THE FORM ON THE BACK OF THIS APPLICATION**

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SCHOOL SITE: Ensure the applicant receives a copy of District Guidelines Relating to Student Transportation.

Forward this Application to the Transportation Department.

Date Application Received at Transportation: \_\_\_\_\_ Returned \_\_\_\_\_ Received \_\_\_\_\_



A Public Service Agency

**VOLUNTEER & EMPLOYEE DRIVER PULL NOTICE PROGRAM**

**AUTHORIZATION FOR  
RELEASE OF DRIVER RECORD INFORMATION**

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_  
Hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record to Shasta Union High School District.

I understand that SUHSD may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to SUHSD to determine my eligibility as a licensed driver for my employment or transporting students.

EXECUTED AT: CITY	COUNTY	STATE
	Shasta	CA
DATE	SIGNATURE OF EMPLOYEE/PARENT	
	<b>X</b>	

I, Tom Carroll, of Shasta Union High School District.  
AUTHORIZED REPRESENTATIVE COMPANY NAME

Do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by SUHSD in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY	COUNTY	STATE
Redding	Shasta	CA
DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE	
	<b>X</b> <b>Director of Transportation</b>	

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at [www.dmv.ca.gov/otherservices](http://www.dmv.ca.gov/otherservices), or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPLE PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

**DO NOT RETURN THIS FORM TO DMV.**

**APPLICANT: RETAIN THIS DOCUMENT FOR YOUR RECORDS**

**SHASTA UNION HIGH SCHOOL DISTRICT**  
**Transportation Department, 2675 Eighth Street, Redding, CA 96001**  
**Director of Transportation: Tom Carroll**  
**Phone: (530) 241-0416 Email: tcarroll@suhsd.net**

**DISTRICT GUIDELINES RELATING TO STUDENT TRANSPORTATION**

Each person that transports District student(s) to/from District sanctioned events agrees to comply with the *District Guidelines* contained herein and on the *Application to Provide Student Transportation*.

**APPLICANT / DRIVER RESPONSIBILITIES:**

- Complete, sign and return *Application to Provide Student Transportation* to school site personnel. (One application per person, one vehicle per application. New application required each school year.) **The application process requires 30 to 45 days for approved/denied status to be determined.**
- Applications must be submitted to the appropriate school site. Hand delivery of applications to the Transportation Department will not be accepted.
- Be at least 23 years of age and possess a valid California driver's license.
- Be in good physical condition, free of medications that may affect the safe operation of the vehicle.
- Provide a vehicle in excellent condition & repair, equipped with a seat belt for each passenger.
- Agree not to provide student transportation until eligibility has been granted.
- Notify Transportation Department if insurance, registration or other qualifying criteria change.
- At all times while transporting district students, carry a valid driver's license of the appropriate class and present it to an authorized district employee upon request.
- Wear a seat belt and ensure that each passenger wears a seat belt at all times while the vehicle is in motion.
- Comply with all state laws.
- Carry and maintain automobile liability insurance with the following minimum coverages:

Bodily Injury per Person:	\$100,000	<i>Umbrella policies are not accepted in-lieu of automobile liability insurance limits.</i>
Bodily Injury per Occurrence:	\$300,000	
Property Damage:	\$50,000	
- **OR**

Combined Single Limit:	\$300,000 per occurrence
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- Demonstrate good judgment and driving ability. Avoid distractions such as cell telephone use, loud radios or other situations that may distract from safe vehicle operation.
- Dress appropriately . . . wear shoes, shirt, etc.
- Transport students only in vehicle designated on application
- Report all collisions and citations to SUHSD Transportation Department. If involved in a collision, immediately notify local police and SUHSD personnel. Ensure that you obtain the agency phone number and incident number for the collision so an accident report may be obtained.

**DO NOT:**

- **Do not** transport any non-District personnel (except approved chaperones), non-students or other "guests" as passengers.
- **Do not** transport more than 9 passengers & the driver or transport students in a vehicle designed for transporting more than 9 passengers and the driver.
- **Do not** smoke or allow others to smoke while transporting students.
- **Do not** transport students while under the influence of any medication that would impair driving ability.
- **Do not** consume alcoholic beverages within 4 hours of transporting students.
- **Do not** transport alcoholic beverages at any time while transporting students.
- **Do not** allow others to drive.

### **SCHOOL PERSONNEL'S RESPONSIBILITIES:**

- Inform potential drivers of their obligation to complete an Application to Provide Student Transportation.
- Provide applications to potential drivers.
- Provide District Guideline Relating to Student Transportation to the applicant.
- Receive applications and review them for completeness/legibility. (do not accept copies or faxed applications)
- Submit completed applications to school site principal for signature.
- Forward all applications via U.S. or intra-district mail to Transportation. Do not fax applications.

### **TRANSPORTATION PERSONNEL'S RESPONSIBILITIES:**

- Maintain applications, DMV records and related documentation on each applicant.
- Review applicant's DMV records and application according to District Guidelines to determine eligibility
- Notify applicant of eligibility
- Notify principal of eligible drivers.

### **ELIGIBILITY GUIDELINES:**

Eligibility to transport student(s) and/or use of district vehicles will be denied if the applicant's DMV record contains any of the following Point Counts:

- 2 points in a 12 month period
- 3 points in a 24 month period
- 4 points in a 36 month period

Eligibility may also be denied or revoked, if the applicant has received multiple citations for similar violations, citations for infractions that do not accrue points, participation in traffic collisions or violations which result in the suspension or cancelation of applicant's driver's license.

A driver convicted of a violation with a point count of 2 or more will be considered ineligible to provide student transportation. Eligibility may be reinstated after 5 years has elapsed from the date of conviction.

Certain driving convictions, due to their more serious nature, are assessed a Violation Point Count of 2. Examples include:

- Reckless driving.
- Hitting an unattended vehicle without notifying the owner.
- Causing property damage, injury or death by hit-and-run driving.
- Manslaughter involving a vehicle.
- Causing injury or death with a vehicle while evading a peace officer.
- Driving on the wrong side of a divided highway.
- Speed contest or exhibition of speed.
- Illegal transport of explosives.
- Driving under the influence of alcohol and or any drug.

When an Applicant's DMV Record includes Point Count Violations, which are assigned two (2) points or more, he/she shall not be eligible to provide student transportation or drive District vehicles for a period of five (5) years.