



**TRINITY LUTHERAN SCHOOL**  
FRANKTOWN, COLORADO

**AUTHORIZATION TO USE PRIVATELY OWNED VEHICLE ON SCHOOL BUSINESS**

Please legibly print and complete all information below.

**1. DRIVER'S INFORMATION**

- a) Driver's Name \_\_\_\_\_
- b) Driver's Address \_\_\_\_\_
- c) Driver's Cell Phone \_\_\_\_\_
- d) Relationship with the School \_\_\_\_\_
- e) #of seatbelts for passengers not including driver \_\_\_\_\_
- f) Vehicle description (make, model, color) \_\_\_\_\_

**2. CERTIFICATION**

In accordance with Trinity Lutheran School's Policy, approval is requested to use a privately owned automobile on official school business.

- ✓ I certify that my privately owned vehicle, while used for school business, will always:
  - Be covered by liability insurance for the minimum amount prescribed by the school:
  - \$300,000 single limit or \$100,000 / \$300,000 / \$25,000 automobile liability insurance with Uninsured/Underinsured coverage.
  - Be equipped with one fully functional seat belt for every passenger.
  - To the best of my knowledge, be in a safe mechanical condition and adequate for passenger transportation and/or for work performed.
- ✓ I further certify that while using a privately owned vehicle on official school business, all motor vehicle laws will be obeyed, including all passengers' use of seat belts and use of booster seats for any child less than 40 pounds or under 8 years of age (per Colorado Sate Law).
  - Note: Any traffic accidents while on school business, no matter how minor, will be reported immediately to the school office at 303-841-4660.
- ✓ I further certify that I am at least 21 years old, and that I possess a valid Colorado Driver's License as follows:
  - License Number \_\_\_\_\_
  - Date of Birth \_\_\_\_\_
  - Expiration Year \_\_\_\_\_
- ✓ I further certify that I have not been convicted of Driving Under the Influence, Driving While Impaired or Reckless Driving in the past five years.

**3. PROOF OF INSURANCE**

- Insurance Company \_\_\_\_\_
- Policy Number \_\_\_\_\_
- Expiration Date \_\_\_\_\_

***(Please attach a copy of your current insurance card)***

\_\_\_\_\_  
Individual's signature

\_\_\_\_\_  
Date