



Instilling Goodness Developing Virtue School

2001 Talmage Rd. Ukiah, CA 95482

Boys Division (707) 468-1138 dvbs@drba.org

Girls Division (707) 468-3847 dvgs@drba.org

School Driver Certification Form

School/Class: _____ Purpose: _____

Driver Information: Parent Volunteer Teacher Other _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zipcode: _____

CDL#: _____ Expiration Date: _____

Phone: _____ Email: _____

Vehicle Description:

Name of Owner: _____ Make: _____ Year: _____

Number of Seat Belts: _____ License Plate #: _____

Insurance Information:

Auto Insurance Company: _____

Policy #: _____ Expiration Date: _____

Minimum Liability Coverage Required:

Bodily Injury \$100,000 each person / \$300,000 each occurrence

Property Damage \$25,000 each occurrence or

Bodily Injury and Property Damage \$300,000 combined minimum

I certify that I have read the Minimum Liability Coverage Requirements above and that my car insurance coverage meets these requirements. All information provided above is true and correct. I understand that, if an accident occurs, my insurance carrier shall bear primary responsibility for any losses or claims of damage.

Signed: _____ Date: _____

Driver Applicant