Driver's Name		Phone Number:	ā:
Address:			
Applications may be approved or questions concerning convictions			s license and is able to respond <i>No</i> to
Driver's License Number:	Class:	Expiry Date:	
Has your driver's license been suspen			
If yes, please provide date of reinstate			
Have you been convicted of an offence	e under the BC Motor Vehicle A	Act, or for any motor vehicle-relate	ed offence under the Criminal Code of
Canada during the last three years?	Yes 🗌 No 🗌		
If Yes, please identify the offence(s) he	ere:		
Were you found responsible/partly res	ponsible for any motor vehicle a	accident(s) over the last three yea	ars? Yes 🗌 No 🗌
required under BC legisl volunteer driver is opera 2. In case of an insurance insurance applies before 3. Additional automobile lia insurance policy for authoristic This insurance is only for policy.	the vehicle owner maintain, ation in respect of liability for ting. claim (i.e., third party damage that of the school board, bility insurance protection is orized drivers transporting or an amount in excess of the	or injury or death of any stude ge and/or personal injury) the s provided under the school b students in privately-owned ve ne limit of liability provided by	Third Party Liability Insurance as nts who are passengers in the vehicle the vehicle owner's automobile liability oard's comprehensive general liability ehicles on an approved school activity, the vehicle owner's liability insurance inteer driver and not the school board.
Vehicle:	/	1	1
Make Owner'sName:			Seating Capacity (Incl. Driver)
			(C)
Incurance Company Name:	Policy N	0	Expiry Date:
Liability Limit			Expiry Date:
LIADINLY LITTIL	(minimum \$1,000,000 requii	rea) 	
 I agree a) to operate the a b) to abide by all a c) to limit the number of the action of the comply with the comply with the comply with the comply with the complex of the compl	the vehicle used to transputomobile referred to herein pplicable laws at all times were of passengers to the nuit use of occupant restraints one directions of teachers or the school principal all accided date of this authorization at all times, appropriate person	ort students is in safe operation in a safe manner while I am transporting student mber of useable seat belts systems(i.e., seatbelts, head ragents of the Independent Scients and any suspension of mounts it remains in force, sonal liability and indemnity in	ng condition. ts restraints, airbags, seat position), and chool Board. by license or change in my insurance status
SignatureofDriver:			
Parent/Guardian (if driver is under			
	18 years of age):		
FOR OFFICE USE ONLY The above-named driver is author Signature of Principal/Designate:	ized to assist the school du	ring the current school year	