



HOLTVILLE UNIFIED SCHOOL DISTRICT

621 E. Sixth Street, Holtville, Ca. 92250

(760) 356-2974 (760) 356-4936 fax

Application/Checklist to Obtain Authorization to Drive District Vehicles

Name _____ Address: _____
Phone(s) Home/Cell: _____ Email: _____

Position with District: (Coach, Teacher, ASES, D.O., Volunteer, etc.) _____

By signing below, I am acknowledging that I will obey all traffic laws, **including speed limits**, seatbelt requirements, hands-free communication requirements and all District policies and directives concerning driving and use of District vehicles. I agree that any ticketing violations and associated fines/fees for violating traffic laws will be my sole responsibility. I further agree to inform the District of any DUI arrests, speeding tickets or related offenses that may occur after clearance of fingerprints and presentation of driver reports. I will keep my license up to date and valid and will inform the District if I am not able to do so for any reason.

Signed, _____ Date _____

Provide to the District Office:

- Copy of Driver's license.
- Copy of Driver's history report from DMV
- Submission of application for fingerprinting - obtained from District Payroll Department (does not apply to current employees/volunteers who have already had fingerprint clearance)

-----For District Use-----

Initials by verifying District employee required

_____ 1. Valid Driver's License/Age Verified – copy attached

Name of Driver _____ **License Number** _____

Exp. Date _____ **Birthdate** _____

_____ 2. Current DMV H-6/Driver History Report attached.

_____ 3. Fingerprint clearance on file. Date of fingerprint clearance _____

_____ 4. Approved for driving by Transportation Supervisor on _____

OR

_____ Submitted to Superintendent for further review