

Approved _____
Denied _____

PERSONAL/NCOE VEHICLE USE FORM
FOR EMPLOYEES/VOLUNTEERS

Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Please check one: Employee _____ Volunteer _____ (you must be an approved volunteer)

Driver's License #: _____ Exp. Date: _____

Year/Make of Auto: _____

Vehicle License #: _____ (and attach copy of your driver's license)

INSURANCE INFORMATION - (Proof of Insurance and limits of liability must be attached prior to approval):

Insurance Carrier/Agent: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Liability Limits _____
(Must be \$100,000 per person to \$300,000 per occurrence and \$50,000 property damage)

Policy #: _____ Policy Exp. Date: _____

Driving Restrictions: _____

I certify that the above information is correct and the insurance is in force. I understand that while driving my vehicle in the course of job duties with Napa County Office of Education (NCOE) I must have a valid California driver's license and liability insurance. I agree to advise NCOE immediately, in writing, of any changes to my driver's license or insurance status. I further certify that the above vehicle is mechanically safe and in good repair.

I understand the following: 1) While driving my vehicle on NCOE business, by law my auto insurance is used first in the event of an accident; 2) NCOE's liability coverage will apply only after my liability limits have been exceeded; 3) NCOE does not cover, nor is it responsible for collision or comprehensive coverage on my vehicle.

I agree to: 1) follow the safest, most direct route to the destination; 2) avoid unnecessary stops; 3) transport only authorized passengers, no guests; 4) transport no more than 10 persons, including the driver; 5) require all occupants to wear seat belts or child restraint system in accordance with law.

I further certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I understand the county may obtain a copy of my driving record from the Department of Motor Vehicles.

Employee/Volunteer Signature Date

I have read the above and approve the use of this vehicle and driver for the purpose stated.

Supervisor's Signature Date

Business Office Approval Date

Please return completed form and attachments (copy of driver's license and insurance information) to Debbie Egan at the Napa County Office of Education. (This form can be found on the "S" drive in the "Forms" file.)

Please sign below if you do not use your personal vehicle for NCOE business. Please note: If you request mileage reimbursement and do not have this form approved and on file in the Chief Business Official's office, your reimbursement will be delayed until the approval process is complete.

Signature Date