

**MEMORANDUM**

Central Unified School District  
Business Office – Risk Management

DATE: [REDACTED]  
TO: [REDACTED]  
FROM: Cindy Crossley  
SUBJECT: Vehicle Use Form Expiration Memo

Hello,

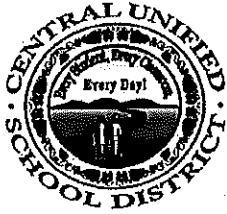
This is a courtesy reminder that your vehicle use form has or will soon expire. Please update and forward the following information along with the attached form and we will update the records we have on file for you.

- Attached Vehicle Use Form, completed with all appropriate signatures, including Site Administrator Approval  
(Return Original Form-DO NOT FAX BACK)
- Current copy of Driver's License
- Current copy of Auto Insurance Card

• **PULL NOTICE**

If you will be using your vehicle/district vehicle or district rental vehicle for any school business or transporting students you are required to have current forms on file at least 5 days prior to driving.

Thank you!



CENTRAL UNIFIED SCHOOL DISTRICT  
 RISK MANAGEMENT  
 4605 N POLK  
 FRESNO, CA 93722  
 (559) 274-4700 X63103

**DISTRICT RENTAL/DISTRICT/PERSONAL VEHICLE USE FORM**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DRIVER'S LIC. # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

YEAR/MAKE AUTO: \_\_\_\_\_ VEHICLE LICENSE #: \_\_\_\_\_

YEAR/MAKE AUTO2: \_\_\_\_\_ VEHICLE LICENSE #: \_\_\_\_\_

INSURANCE CARRIER/AGENT \_\_\_\_\_ PHONE#: \_\_\_\_\_

LIABILITY LIMITS: \_\_\_\_\_ POLICY #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ DRIVING RESTRICTIONS: \_\_\_\_\_

I certify that the above information is correct and that the insurance coverage is in force. I understand that if performing work for the Central School District in the course of my duties I may utilize my personal vehicle. I must have liability insurance coverage in force as required by the State of California and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

SIGN: \_\_\_\_\_ STAFF PARENT OTHER DATE: \_\_\_\_\_  
CIRCLE ONE

SITE: \_\_\_\_\_ PURPOSE: \_\_\_\_\_

SITE ADMINISTRATOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE:** If you drive your personal automobile while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District's travel accident policy would be used only after your policy limits have even exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

All persons driving on District business will: (1) follow the most direct route; (2) avoid all unnecessary stops; (3) not carry unauthorized non-District personnel or students or guests as passengers; (4) carry only the number of passengers for which your vehicle was designed; and (5) each passenger is required to use a safety belt.

Please complete form and attach a legible photocopy of the following: (1) Proof of insurance form presently being provided by your automobile insurance company that indicates expiration date of insurance and (2) Driver's License. And return to the Risk Management Department, District Office Annex, prior to driving for a District sponsored activity. District Administration may obtain employee driving record checks from the California Department of Motor Vehicles which are a matter of public record.

District Office Use

REVISED 4-2010

\_\_\_\_\_  
 District Office Approval

\_\_\_\_\_  
 Date

APPROVAL EXPIRES: \_\_\_\_\_

DENIED



**EMPLOYER PULL NOTICE PROGRAM**  
**AUTHORIZATION FOR**  
**RELEASE OF DRIVER RECORD INFORMATION**

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, \_\_\_\_\_  
COMPANY NAME  
 Central Unified School District

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY	COUNTY	STATE
Fresno	Fresno	Ca
DATE	SIGNATURE OF EMPLOYEE	
	X	

I, \_\_\_\_\_, Jesse Bath, of \_\_\_\_\_, Central Unified School District  
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY	COUNTY	STATE
Fresno	Fresno	Ca
DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE	
	X	

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at [www.dmv.ca.gov/otherservices](http://www.dmv.ca.gov/otherservices), or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

**DO NOT RETURN THIS FORM TO DMV.**