Application for Permission to Drive Vehicles on Behalf of the Iola-Scandinavia School District

Completion of this form is required before driving a vehicle on behalf of the district (of any kind, whether owned by the district, a rental company, or you). You must be at least 18 years of age to operate a vehicle on behalf of the district. The application references guidelines established in WI Statutes Section 121.555.

Legal Name _____ DOB_____
(Last) (First) (Initial)

Driver's License Number _____ State _____

Any Restrictions on License? (Describe)_____

Please answer the following questions and sign below:

	Yes	No
1. Do you possess a valid operator's license? (Number shown above)	___	___
2. The type of vehicle being driven (van, car, bus) _____		
3. Have you driven this type of vehicle before?	___	___
4. Are you familiar with its safe operation?	___	___
5. Do you have sufficient use of both hands and the foot normally used to operate a foot brake/foot accelerator, as required by the Dept. of Transportation?	___	___
6. In the past **3** years, have you been afflicted with or suffering from any mental or physical disability or disease that would prevent you from exercising reasonable control over the motor vehicle?	___	___
7. Within the past **2** years, have you been convicted of reckless driving?	___	___
8. Within the past **2** years, have you been convicted of operating a motor vehicle while your operating privileges were suspended or revoked?	___	___
9. Have you ever been convicted of operating a motor vehicle while under the influence of illegal drugs or alcohol?	___	___
10. Do you understand, and are you willing to accept responsibility for the safe passage of the students in the vehicle you are driving?	___	___
11. Do you agree to operate the vehicle in a safe manner and in accordance with WI laws?	___	___
12. If you are driving your personal vehicle, do you have an auto liability insurance policy which meets the minimum requirements of the State of WI?	___	___

Personal Vehicle Information

Type, Year, Make, and License Number of Vehicle:

_____

Vehicle Owner: _____Driver _____

Owner Address/Phone _____

Signature of Driver _____Date_____

Application Received By _____Date_____

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