

**SCHOOL DISTRICT OF IOLA-SCANDINAVIA**

751-Exhibit

**PERMISSION TO USE AVEHICLE TRANSPORTING NINE  
OR LESS PASSENGERS**

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:**

	<u>Yes</u>	<u>No</u>
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 <b>3</b> 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 <b>2</b> years, have you been convicted of reckless driving? _____	___	___
8. Within the past <b>2</b> 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 \_\_\_\_\_

APPROVED: August 12, 2002