

BUILDING _____ **SCHOOL YEAR** _____

DRIVER'S NAME _____ **PHONE** () _____
(PLEASE PRINT)

DRIVER'S ADDRESS _____
Street City State Zip

DRIVER'S LICENSE NUMBER _____ **Exp. Date** ____ / ____ / ____

TYPE OF VEHICLE _____ **LICENSE NO.** _____

OWNER OF VEHICLE _____
NAME ADDRESS CITY/STATE/ZIP

VEHICLE INSURED BY _____
NAME OF COMPANY ADDRESS CITY/STATE/ZIP

- I have a valid and unrestricted driver's license.
- I am presently covered by a no-fault car insurance policy as required by Michigan law. I understand that in the event of an accident my insurance will be primarily liable.
- I have not received a moving violation traffic ticket during the two years prior to the date of the field trip.
- A legal seat belt restraining device* will be available in my vehicle for each passenger. All passengers shall have their seat belts fastened while the vehicle is moving.

I HAVE READ AND WILL COMPLY WITH EACH OF THE ABOVE CONDITIONS.

DATED

SIGNATURE OF DRIVER

****According to the Michigan Secretary of State:***

- Children under the age of four (4) must be in approved safety seats.
- For children less than twenty (20) pounds, the child or infant seat must face the rear of the vehicle (however, rear-facing infant seats should never be placed in the front passenger seat of a vehicle equipped with airbags.)
- Children four (4) years of age or more, but less than sixteen (16) years of age must be protected by a safety belt in the front or back seat.