

ALTERNATIVE DRIVER/VEHICLE AUTHORIZATION CHECKLIST
(Employee driver using a vehicle owned or leased by the District for student transportation)

1. Name and Job Title of Employee-Applicant; Acknowledgement and Employee Signature:

First Name	Middle Name	Last Name	Job Title
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By checking this box and affixing my signature on the line below, I indicate that I understand and agree that it is my responsibility to provide truthful and complete information to the School District in respect to any material facts on this form, and in connection with any other forms, statements, or records that may be submitted in order for the District to authorize me to provide student transportation. I understand and agree that the School District will be using and relying on the information that I provide to determine whether I will be authorized to perform this job function.

Signature of Driver-Applicant	Date
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THE REMAINDER OF THIS PAGE (BELOW) IS TO BE COMPLETED BY THE SCHOOL DISTRICT:

1. The above-identified individual and the District are seeking to authorize the individual, as part of his/her employment, to provide student transportation using vehicle owned or leased by the District, as follows:

- On a non-continuous basis (e.g. for a specific event or only for a defined period of time), and _____ (name of Administrator) gave preliminary approval for the applicable transportation plan on _____ (mm/dd/yyyy).
- On a continuous basis as part of his/her regular job duties.

2. Vehicle Information (for the vehicle in which students will be transported):

Make	Model	Model Year	License Plate #	Maximum Seating Capacity
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3. Identify the name and job title of the District employee who is responsible for reviewing the "checklist" items that begin on the next page on behalf of the District. The employee is responsible for reviewing and evaluating the completeness and acceptability of (1) the employee-applicant's response to each item; and (2) each piece of supporting documentation. (This employee must be someone other than the employee-applicant.)

Employee Name	Job Title
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FORMAL ADMINISTRATOR APPROVAL AND AUTHORIZATION:

The District has reviewed this application, found it to be complete and acceptable, and authorizes the above-named employee-applicant to provide student transportation using the privately-owned vehicle identified above for the event(s), time period, assigned duties as further described in the space below:

State law requires the owner of any privately owned vehicle used to transport students for compensation to be under written contract with the Board of Education. A written contract approved by the District for this purpose has been executed on _____ between the District and the employee-applicant.

Administrator's Signature and Title: _____ Date: _____

Driver Requirements		To be initialed and/or boxes "checked" by the volunteer driver applicant	To be initialed/ "checked" by a District employee after the item is completed.
Operator's License	The proposed driver possesses a valid operator's license issued by Wisconsin, another state, or any valid alternative jurisdiction as identified in statute 340.01(41m) or statute 121.555(2) (c) 1.	_____	
	<u>Documentation:</u> Photocopy of current license		<input type="checkbox"/> _____
Age	The proposed driver is at least 18 years old.	_____	
	<u>Documentation:</u> Photocopy of current license		<input type="checkbox"/> _____
Physical Capabilities	The proposed driver has sufficient use of both hands and the foot that is normally employed to operate the brake and accelerator OR a waiver of these requirements has been substantiated by an examination conducted by the Department of Transportation.	_____ <input type="checkbox"/> no waiver needed <input type="checkbox"/> with waiver	
	<u>Documentation:</u> Verification of DOT examination/waiver (<i>applicable only if the applicant is relying on a waiver</i>)		<input type="checkbox"/> _____ <input type="checkbox"/> n/a
Medical Certification and Mandatory Medical Opinion	By initialing the box to the immediate right, the proposed driver affirmatively states and represents to the School District that <u>he/she has no knowledge or concern that he/she is afflicted with, or suffering from, any mental or physical disability, condition, or disease that would prevent the individual from exercising reasonable control over a motor vehicle.</u> If the driver later determines that he/she may have such a disability, condition, or disease, he/she agrees to immediately inform the District so that the District can determine whether he/she may continue to provide transportation for students.	_____	
	<u>Documentation:</u> A medical opinion is on file that is consistent with the underlined portion of the statement in the box above; issued within the past three years.		<input type="checkbox"/> _____ Date of opinion: _____
DPI-approved Background Form for Alternative Vehicle Drivers	The proposed driver has completed and returned a signed copy of the DPI-approved background form for alternative vehicle drivers.	_____	
	<u>Documentation:</u> Completed original of the DPI-approved Background Form		_____
Criminal Background Check Conducted by the School District	<u>Documentation:</u> Within the last four years, and prior to being initially approved to provide student transportation, the District has obtained a copy of the individual's criminal history report from the Crime Information Bureau of the Wisconsin Department of Justice, and all results are acceptable; OR The individual currently holds a valid school bus driver's endorsement issued by the Wis. Dept. of Transportation.		<input type="checkbox"/> _____ Date of report: ____/____/____ <input type="checkbox"/> _____

Immediate Reporting of Specific Incidents Occurring while Performing Employment-Related Duties	<p>By initialing the box to the immediate right, the proposed driver agrees that during any time period that he/she is authorized by the District to provide student transportation services, the individual must report to the school district, in writing and as soon as practicable after the occurrence of the incident (i.e., immediately), the following:</p> <ul style="list-style-type: none"> Any motor vehicle accident in which the individual was involved as the operator of a motor vehicle that occurs when the individual <u>is</u> performing any job-related duty 	<hr/>	
Reporting of Any Accident/Citation/Injury and Any Suspension or Loss of Operating Privileges; or Loss of Eligibility for School Bus Endorsement	<p>By initialing the box to the immediate right, the proposed driver agrees that during any time period that he/she is authorized by the District to provide student transportation services, the individual must report to the school district, in writing and within 10 days of the occurrence of the incident:</p> <p>(1) any motor vehicle accident in which the individual was involved as the operator of a motor vehicle that occurs when the individual is <u>not</u> acting within the scope of his/her employment;</p> <p>(2) any conviction or operating privilege revocation that makes the person ineligible to transport students under sec. 121.555(1) of the state statutes (see the list attached to the DPI Driver Background Form); and</p> <p>(3) any suspension or revocation of the individual’s operating privileges or any cancellation of a school bus endorsement by any jurisdiction.</p>	<hr/>	
Written Contract Requirement		To be initialed and/or boxes “checked” by the volunteer driver applicant	To be initialed/ “checked” by a District employee after the item is completed.
Contract Requirement	<p><u>Documentation:</u></p> <p>State law requires the owner of any privately owned vehicle used to transport students <u>for compensation</u> to be under written contract with the Board of Education.</p> <p>A written contract approved by the District for this purpose has been executed between the District and the employee-applicant.</p> <p>OR</p> <p>The written contract will be executed only if the District first determines that all other eligibility requirements have been met and administrative authorization to serve as a vehicle driver is granted (see the bottom of page 1 of this checklist/authorization form).</p>		<input type="checkbox"/> _____ <i>Date of contract:</i> ____/____/____ <input type="checkbox"/> _____

Vehicle Requirements		To be initialed and/or boxes "checked" by the volunteer driver applicant	To be initialed/ "checked" by a District employee after the item is completed.
Safety Requirements	By initialing the box to the immediate right, the proposed driver agrees that all passengers present in a vehicle being used to transport students will use a seat belt, and that the driver will ensure he/she observes all age/weight/height requirements that apply to use of vehicle restraints, car seats, booster seats, and passenger location (i.e., all front seat passengers must be eligible to ride in that location).	_____	
Vehicle Size/Type Limitations	The vehicle identified on this form (first page, above), and any additional vehicle identified in connection with this authorization (1) is manufactured to accommodate no more than ten passengers, including the driver; (2) has a sufficient number of permanently-mounted and forward-facing seats for each passenger; (3) was manufactured within the last 20 model years; and (4) is not a homemade, street modified, or replica vehicle.		_____
Vehicle Inspection	The vehicle was inspected within the last 12 months by a certified mechanic, and successfully passed the inspection. <i>NOTE: The inspection should be completed by a certified mechanic and check for compliance with section 110.075 and ch. 347 of the statutes, as well as Ch. Trans 305 of the Wisconsin Administrative Code. The District will pay a reasonable fee for the inspection, if the amount of the fee is approved by the District in advance of the inspection.</i>		_____
	<u>Documentation:</u> A copy of a record from the mechanic that confirms that the vehicle passed the inspection and that identifies the date of the inspection. <i>NOTE: If the inspection report called for the making of any repairs, there must be documentation that the repairs were completed.</i>		<input type="checkbox"/> _____ <i>Date of inspection:</i> ____/____/____
Vehicle Insurance Requirements		To be initialed and/or boxes "checked" by the volunteer driver applicant	To be initialed/ "checked" by a District employee after the item is completed.
Minimum insurance coverage to be maintained on the vehicle (These requirements listed here exceed state law minimums)	<ul style="list-style-type: none"> ● \$100,000 property damage coverage; ● \$100,000 bodily injury liability coverage per person; ● Subject to the individual limitation, \$300,000 total bodily liability coverage per accident; and Uninsured and underinsured motorist coverage of \$100,000 per person, and \$300,000 per accident.		_____

Documentation: A copy of the declarations page of the insurance policy and a record indicating the expiration/renewal date of the current policy.

NOTE: Unless the District's liability carrier recommends otherwise, for any vehicle rented by the District, the District may accept and pay for primary insurance coverage through the rental agency, and the District should confirm that, in total, such agency-provided coverage plus any coverage that is available through the District's liability carrier meet or exceed the above-stated requirements.

*Date Insurance
Policy Expires:*

____/____/____