

WEST COVINA UNIFIED SCHOOL DISTRICT

**EMPLOYEE/VOLUNTEER PERSONAL  
AUTOMOBILE USE PERMISSION FORM**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Year & Make of Auto \_\_\_\_\_

Vehicle License Number \_\_\_\_\_

Insurance Carrier/Agent \_\_\_\_\_ Phone \_\_\_\_\_

Liability Limits \_\_\_\_\_ Policy Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Driving Restrictions \_\_\_\_\_

Purpose for use of private vehicle \_\_\_\_\_

**I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force 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.**

\_\_\_\_\_  
Owner of Vehicle Date

\_\_\_\_\_  
Driver's Signature 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 liability policy would be used only after your policy limits have been exceeded. The district does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.**

**I have read the above and approve the use of this vehicle for the purpose stated.**

\_\_\_\_\_  
Campus Administrator Date

\_\_\_\_\_  
Business Office Approval Date