

BAY DISTRICT SCHOOLS  
RISK MANAGEMENT DEPARTMENT  
MOTOR VEHICLE REPORT REQUEST

DRIVER

TODAYS DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
( LAST ) ( FIRST ) ( MI )

MALE                       FEMALE

DATE OF BIRTH: \_\_\_\_\_

STATE OF DRIVERS LICENSE: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

ORIGINATOR OF REQUEST

SCHOOL: \_\_\_\_\_

DEPARTMENT OR ORGANIZATION: \_\_\_\_\_

PRINCIPAL OR DEPT. HEAD SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE (S) OF TRAVEL: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

VEHICLE

SCHOOL OR AUTHORIZED AND APPROVED RENTAL VEHICLE

PERSONEL VEHICLE ( Proof of \$100,000 / \$300,000 Bodily Injury Liability  
Insurance Required )

PERSONAL VEHICLE: \_\_\_\_\_  
( MAKE ) ( MODEL ) ( YEAR )