CLARKSVILLE-MONTGOMERY COUNTY SCHOOL SYSTEM

REQUEST FOR USE OF SCHOOL VEHICLE OTHER THAN A SCHOOL BUS
USE OF POV TO HAUL/TOW CMCSS OWNED EQUIPMENT

(To be completed and submitted to Transportation Manager ***prior*** to trip)

Date of Request		Trip Date	
Number of Adults	Number of Students	Leave Time	Return Time
School/Department		Person Requesting Vehicle (Please Print)	
Destination CMCSS VAN YES☐ NO☐		Account # (for billing) RENTAL VAN YES☐ NO☐	

Approved/Disapproved _____ _____
Date Principal

Approved/Disapproved _____ _____
Date Transportation Manager

If towing a CMCSS Trailer

License Plate #: _____ *Type:* _____

VIN#: _____ *Proof of Insurance:* ☐ *Mechanic Initial*_____

_____

AGREEMENT:

In accordance with CMCSS policy TRN-A002 the driver must be at least 21 years old to transport students.

I have a valid driver's license and false answers to any question in this statement may be grounds for dismissal. All applicants are subject to having their Motor Vehicle Record reviewed every three years and are subject to Drug and Alcohol Testing. All the information you give will be considered in reviewing your request and is subject to investigation. I understand that I will not allow any other person to drive a vehicle assigned to me.

I certify that the statements made here are true, complete and correct to the best of my knowledge and belief, and are made in good faith. ***I will not hold CMCSS liable for damages that may occur when towing a CMCSS trailer with my personal vehicle. I will provide proof of insurance from my current automobile insurance provider when my vehicle is inspected by a CMCSS Maintenance Technician.***

I understand in accordance with CMCSS policy OPS-A006 & TRN-A014, it is against policy to operate a CMCSS owned vehicle while using a cellular phone (CMCSS or personally owned) for voice, e-mail, or text communications.

Driver: List any moving violations, which you have had in the last three years.

_____

_____

_____

Name _____ _____ _____
Last First Middle

Driver's License/State _____ DOB _____ CMCSS Employee:☐

Signature _____ Date_____