Form 260.2 Application for Automobile Driver Authorization

(For current School Year Only)

School Name	:							
Date:		_ (D/M/Y)						
Driver's Nam	e:							
Driver's Addr	ess:			_				
Telephone: _								
Driver's Licer Date:	nse Number:		_ Class:		Expiry: ₋			
Has your driv	er's license been sus					Yes		No
	provide date of reins						ow)_	
•	en involved in any	accidents as	a driver during	g the last		Yes		No
three years?								
It vac nleaco	and detaile.							
If yes, please	give details.							
Have you be	en convicted of an o chicle Administration r the Criminal Code d	Act, or for a	ny motor vehic			Yes		No
Have you be the Motor Ve offense unde If yes, please	en convicted of an o chicle Administration r the Criminal Code of give details:	Act, or for a luring the last	ny motor vehic three years?	cle related	<u> </u>			
Have you be the Motor Ve offense unde If yes, please	en convicted of an o chicle Administration r the Criminal Code d	Act, or for a luring the last	ny motor vehic	cle related):			
Have you be the Motor Ve offense unde If yes, please	en convicted of an o ehicle Administration r the Criminal Code d give details:	Act, or for a luring the last	ny motor vehic three years?	cle related):	/		
Have you be the Motor Ve offense unde If yes, please Vehicle: Make	en convicted of an o ehicle Administration r the Criminal Code of give details:	Act, or for a luring the last	ny motor vehic three years? Second Vehic Make	cle (if any): odel	/	Capac	- city
Have you be the Motor Ve offense unde If yes, please Vehicle:	en convicted of an o ehicle Administration r the Criminal Code d give details:	Act, or for a luring the last	ny motor vehic three years? Second Vehic Make Plate #:	cle (if any) / Mo):	/ piry: _	Capad	city

Application for Automobile Driver Authorization (cont.)

υ.	Com	mitme	nts:

I agree to abide the requirements of the Highway Traffic Act and the applicable Traffic Bylaws while acting as a volunteer driver for school functions. I undertake to report to the school principal all incidents and any suspension of my license or change in my insurance status which may occur after the date of this authorization while it remains in force (i.e.: current school year).

I agree to operate the automobile referred to herein in a safe manner, to drive in accordance with

the Highway Traffic Act, to limit the number of passengers to the number of seat belts which are usable and to comply with the directions of teachers or agents of the Board of Education.
I accept the foregoing undertakings and certify that the information contained in this application is accurate to the best of my knowledge:
Driver: Vehicle Owner:
Date:
Notes:
 Applications can be approved only when the driver possesses a valid driver's license and is able to respond no to questions concerning convictions and suspensions.
FOR OFFICE USE ONLY:
The above named driver is authorized to drive for the school during the current school year. The help is appreciated.
Signature of Principal (or Vice Principal): Date:

FOR OFFICE USE ONLY:	
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appreciated.	
Signature of Principal (or Vice Principal):	Date: