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Where a Dedicated Staff Means
KIDS COME FIRST

Dear Parents,

Thank you for volunteering to transport our students to a school-sponsored event. The following four items are required to be completed prior to volunteering to transport students:

1. Complete and **sign** the attached Transportation for School-Related Trips Driver Registration Form.
 - a. You must meet the listed minimum liability limits for bodily injury, property damage and medical. If these are not met, you will be unable to provide transportation to students.
 - b. If you have any points on your DMV driving record, you will be unable to provide transportation to students. Example of points: speeding, running a red light, making an unsafe lane change, having an at-fault accident, reckless driving, hit-and-run, etc...
2. Complete the attached Employer Pull Notice Program Authorization for Release of Driver Record Information form.
3. Go to the California DMV website:
<https://www.dmv.ca.gov/portal/dmv/detail/online/dr/welcome>
Print out a current driving record, within the last 30 days. The cost to you is \$2 and you will be able to print your record immediately.
4. Print the attached Request for Live Scan Services Form
 - Fill out all your personal information.
 - Take the completed form to any Live Scan site for fingerprinting, pay an approximate \$25 processing fee to the DOJ along with their rolling fees. Rolling fees vary depending on where you go. To the best of the District's knowledge, the Sheriff's Department has the lowest rolling fee of approximately \$7. The Sheriff's office can be reached at 805-934-6175 if you have any further questions. Please note that they only accept cash for both fees.

To find other fingerprinting sites nearest to you, their fingerprint rolling fees (additional to the DOJ processing fee) and acceptable methods of payment, see <https://oag.ca.gov/fingerprints/location>

5. Return items 1-3, the bottom half of your request for live scan service form, along with a copy of your driver's license and insurance card to your child's school office manager.

School staff will forward the information to the Maintenance, Operation, and Transportation office. You will be notified by mail indicating whether you meet/do not meet the requirements to become a parent driver. If all the information is completed in a timely manner, the process should only take three to four weeks.

Thank you for volunteering!

Brad Gitchell

Brad Gitchell
Director, MOT

Revised: 07/30/19



Transportation for School-Related Trips Driver Registration Form

Important: This form must be submitted to the school principal at least two weeks prior to the trip.

DRIVER INFORMATION: (circle one) Employee Parent/Guardian Volunteer

Check one: Curricular _____ Extracurricular _____

Name: _____ Birth Date: _____

Address: _____ Phone Number: _____ Cell Number: _____

Driver's License #: _____ License Expiration Date: _____

I am willing to provide transportation for _____ (#) of students on this field trip.

FIELD TRIP INFORMATION

Field Trip/Location: _____ Date(s) of Trip: _____

Date(s) of Trip: _____ Departure Time: _____ Return Time: _____

School Site: _____ Teacher/Supervisor: _____

VEHICLE INFORMATION

Name of owner: _____ Year: _____ Make: _____

Address: _____ Car License #: _____

Registration Expiration: _____ Seating Capacity: _____

INSURANCE INFORMATION

Insurance Company: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

Liability Limits of Policy: (bodily injury) _____, (\$100,000 - \$300,000 per accident)

(property damage) _____, (\$25,000 per accident)

(medical) _____, (\$2,000 or single limit of \$300,000)

DRIVER STATEMENT

I certify that I am at least 21 years of age and hold a valid California Driver's License. I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Signed: _____ Date: _____

DRIVER INSTRUCTIONS:

- When using your vehicle to transport students on field trips or other school activity trips, please:
1. Be sure that you have registered with the District for such purposes and have a valid driver's license and current liability insurance at or above the minimum amount required by law for each occurrence (as noted above under liability limits).
 2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
 3. Carry only the number of passengers for which your vehicle was designed. If you have a truck or pickup, carry only as many as can safely sit in the passenger compartment. Require each passenger to use a seat belt. In case of emergency, keep all the students together.



EMPLOYER PULL NOTICE PROGRAM

**AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION**

I, _____, California Driver License Number, _____, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, _____

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____	SIGNATURE OF EMPLOYEE X
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I, _____, of _____, _____

AUTHORIZED REPRESENTATIVE

COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE X
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To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.



REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: AD474 _____ Type of Applicant: Classified School Employee Credentialed School Employee
Code assigned by DOJ

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Officer Volunteer

Type of License/Certification/Permit OR Working Title: Volunteer Driver
(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Orcutt Union School District _____ 01913 _____
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)
500 Dyer Street _____ Michelle Gitchell _____
Street Address or P.O. Box Contact Name (mandatory for all school submissions)
Orcutt _____ CA 93455 _____ (805) 938-8910 _____
City State ZIP Code Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____
Other Name _____
(AKA or Alias) Last _____ First _____ Suffix _____
Date of Birth _____ Sex Male Female _____ Driver's License Number _____
Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____
(Agency Billing Number)
Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
(Other Identification Number)
Home Address _____ City _____ State _____ ZIP Code _____
Street Address or P.O. Box

Your Number: _____
(OCA Number (Agency Identifying Number))

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection) _____ Original ATI Number _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____