

**DRIVER CERTIFICATION**  
**FOR USE OF DISTRICT VEHICLES OR TRANSPORTATION OF STUDENTS**

*This certification is required for all persons who: (1) drive District-owned or leased vehicles or (2) drive students as part of their employment or (3) provide a pupil transportation service which is sponsored or approved by the District.*

Name \_\_\_\_\_ Operator's License No: \_\_\_\_\_ License Class: \_\_\_\_\_

I certify that the following information is true and accurate:

\_\_\_\_\_ I have a current and valid Nebraska motor vehicle license, current proof of insurance, and the physical and mental ability to properly operate a motor vehicle.

\_\_\_\_\_ My driver's license is subject to the following restrictions (check the applicable restrictions) and I will comply with all such restrictions:

- |   |  |
|---|--|
| <input type="checkbox"/> Corrective Lenses  | <input type="checkbox"/> Outside Mirrors       |
| <input type="checkbox"/> Automatic Signals  | <input type="checkbox"/> Maximum Speed Rest.   |
| <input type="checkbox"/> Mechanical Aids    | <input type="checkbox"/> Daylight Only         |
| <input type="checkbox"/> Restricted Area    | <input type="checkbox"/> 2 Lane, 2 Way Only    |
| <input type="checkbox"/> Automatic Trans.   | <input type="checkbox"/> No Interstate Driving |
| <input type="checkbox"/> No One Way Streets | <input type="checkbox"/> Other: _____          |

\_\_\_\_\_ I will abide by all rules of the road and any applicable rules of the Nebraska Department of Education and the District relating to driving a motor vehicle. Seat belts and child restraint systems will be utilized by all occupants. Cell phones and other handheld wireless communication devices will not be used while the vehicle is in motion.

\_\_\_\_\_ I have been given instruction on emergency evacuation procedures, first aid and other instruction applicable to the group of pupils being transported.

\_\_\_\_\_ I certify that I am of good moral character and I will not engage in conduct or use language inappropriate for children.

\_\_\_\_\_ I certify that I have a satisfactory driving record. I agree to immediately notify my supervisor or the Superintendent upon the occurrence of any of the following events:

- Suspension, revocation, withdrawal or expiration of my driver's license;
- Any ticket or accident while in a District-owned vehicle or while engaged in school business;
- Any ticket or accident which could result in the suspension, revocation, or withdrawal of my driver's license while in any vehicle at any time;
- Any circumstance which may result in any of the responses on this Driver Certification not continuing to be completely accurate or which may indicate that I should not be driving a school vehicle or transporting students.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Driver