



AP 5 – 06 Exhibit I – Driver Registration

Exhibit I

DRIVER REGISTRATION

School: _____

Driver's Name: _____

Address: _____ Phone: _____

Alberta Driver's Licence Number.: _____ Class: _____

Expiry Date: _____

1. Has your driver's licence been suspended, or have you been convicted of any criminal offence under the *Traffic Safety Act* during the last three years?

Yes: _____ No: _____

2. Name of company you are insured with:

Company: _____

Policy Number: _____ Agent: _____

Expiry Date: _____

3. Are you endorsed by your insurance company to carry passengers?

4. Copy of Criminal Record Check

Yes: _____ No: _____

Copy of Child Intervention Check

Yes: _____ No: _____

I agree to abide by the requirements of all provincial and other statutes and regulations governing the operation of motor vehicles and the traffic by-laws of any municipality while acting as a volunteer driver for school functions. I undertake to report to the principal all accidents or suspension of license which occurs after the date of this authorization and during the period it remains in force.

Signature of Volunteer Driver

Date

OFFICE USE ONLY – Attachment

Certificate of Insurance, indicating \$2,000,000 Third Party Auto Liability

**Note – It is recommended that each private vehicle carry \$2,000,000 Third Party Auto Liability*