

REQUEST FOR VEHICLE USE FORM

Current Date: _____

Requested Date (s) of Use: _____ to _____

Group Requesting Use: _____

Person Responsible: _____

Phone: _____

Email: _____

Destination: _____

Reason for Use: _____

Driver (s):

Name: _____

Driver License Number: _____

CURRENT TYPE 10 CERTIFICATION:

YES NO

Name: _____

Driver License Number: _____

CURRENT TYPE 10 CERTIFICATION:

YES NO

M1 Dodge Durango * (Seats 7)

M4 GMC Yukon ** (Seats 8)

30 days prior to requested use, please complete this form and send interoffice mail to Transportation **or** email to gieseher@hsd.k12.or.us. Confirm reservation by telephone (Option 5) or email 24 hours prior to departure. Obtain keys from the Transportation Dispatch Office. Return vehicle **clean with a full tank of fuel**. Report any problems with the vehicle to the office immediately. Any damage to the vehicle will be billed to the department using the vehicle. Please unsync cell phone from hands free prior to return. **Initial:**

*DURANGO VEHICLE CAN BE USED TO TRANSPORT STUDENTS.

*FOR STUDENT TRANSPORT, CURRENT TYPE 10 CERTIFICATION IS REQUIRED. **Initial:**

*NUMBER OF STUDENTS BEING TRANSPORTED: _____

YUKON VEHICLE CANNOT BE USED TO TRANSPORT STUDENTS IN ACCORDANCE WITH ODE REGULATIONS. **Initial:

THIS VEHICLE FOR DISTRICT USE ONLY. **Initial:**

Principal Driver's Signature: _____ Date: _____

Return this form and keys to Transportation Dispatch Office after vehicle use. Vehicle use is subject to Transportation needs that take priority.

FOR TRANSPORTATION OFFICE ONLY

Request Approved By: Name: _____ Signature: _____ Date: _____

Odometer Reading: Beginning: _____ End of Trip: _____ Total Miles: _____

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