



AUTHORIZATION FOR USE OF PRIVATELY-OWNED VEHICLES FOR DISTRICT BUSINESS

Administrative Procedure 6530: Vehicle Use/Driver Authorization

Electronic Form Instructions

Please complete required fields **(type form)**.

Upon completion of the fields:

- Review your data for accuracy.
- Print out the document.
- Sign your name (original signature).
- Present the form to your department supervisor and to your division assistant superintendent/vice president for their signatures (original signatures).

Once completed:

Submit form along with **proof of liability (Declaration Page)** to:

Human Resources, Attn: Eva Brown, MS #T220 or via email to evbrown@miracosta.edu

If you have any questions, contact Eva at 760.795.6829 or via email at evbrown@miracosta.edu.

Thank you.



AUTHORIZATION FOR USE OF PRIVATELY-OWNED VEHICLES FOR DISTRICT BUSINESS

**Please Complete (TYPE) PDF-Fill-In Form
Handwritten Forms Will Be Returned**

Driver's Name (As it appears on Driver's License): _____

Department: _____ Driver's License Number: _____

Expiration Date: _____ Automobile License Plate Number(s): _____

Name of Insurance Company: _____

Agent's Name (if known): _____ Telephone: _____

Policy Number: _____ Policy Expiration Date: _____

Amount of automobile liability coverage on each vehicle as required by [Administrative Procedure 6530](#).

Minimum coverage must be:	(1)	\$100,000 Bodily Injury
	(2)	\$300,000 Per Accident
	(3)	\$50,000 Property Damage
	and	
Driver's Liability Limits for Bodily Injury	(1)	\$ _____
	(2)	Per Accident \$ _____
Driver's Liability for Property Damage	(3)	\$ _____

PLEASE PROVIDE A COPY OF PROOF OF LIABILITY INSURANCE (DECLARATION PAGE WITH LIMITS OF LIABILITY). INSURANCE ID CARD IS **NOT** ACCEPTABLE.

I am aware that the mileage reimbursement includes an allowance for the purchase of insurance and that the MiraCosta Community College District assumes no responsibility for damage done to a privately-owned vehicle operated in behalf of the district. I am also aware that the district's insurance coverage for property damage and bodily injury insures the district against liability, but does not necessarily relieve the individual driver from liability arising from negligent or willful damages arising from the operation of a privately-owned vehicle.

I hereby authorize periodic checks of my driving record with the Department of Motor Vehicles. (RE: Motor Vehicle Driver Authorization Request Form B-167.)

SIGNATURE X _____ Date: _____

Employee/Student Worker/Volunteer

Department Approval (Please obtain ALL signatures BEFORE forwarding to Human Resources, MS #T220)

I certify the need for this applicant to use their vehicle on district business:

Program Number:

Department Supervisor/Chairperson Name (Type): _____

SIGNATURE X _____ Date: _____

Division Assistant Superintendent/Vice President Name (Type): _____

SIGNATURE X _____ Date: _____

Forward completed form AND proof of liability insurance (Declaration Page) to Human Resources MS #T220.

Form and insurance documents verified by Human Resources/Risk Management: Date:

Fiscal Use Only: _____