



# 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 manager listed in Workday and to your division assistant superintendent/vice president for their signatures (original signatures).*

Once completed:

Submit form along with a **PDF copy** of your **Automobile Insurance Declaration Page** to:

**Attn: Justin Crast, Risk Management MS #14 or via email to [jcrast@miracosta.edu](mailto:jcrast@miracosta.edu).**

If you have any questions, contact Justin at 760.795.6866 or via email at [jcrast@miracosta.edu](mailto:jcrast@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

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 on 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/Division Approval

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

Program Number:

Name of Manager listed in Workday: \_\_\_\_\_

**SIGNATURE X** \_\_\_\_\_ Date: \_\_\_\_\_

Division Assistant Superintendent/Vice President Name: \_\_\_\_\_

**SIGNATURE X** \_\_\_\_\_ Date: \_\_\_\_\_

**Forward completed form AND PDF copy of your Automobile Insurance Declaration Page to Justin Crast, Risk Management MS #14.**

Form and insurance documents verified by Risk Management:  Date: