

Please fill out this form in its entirety and return to a Skopos staff member at least 48 hours before you intend to drive a vehicle with students.

Full Name: _____

Current Address: _____

City, State, Zip: _____

Primary Phone Number: _____

How many speeding tickets have you received in the last five years? _____

Have you been in any previous accidents? If yes, please explain on back. _____

Vehicle #1

Year/Make/Model: _____

Liability Insurance

Liability per person (required: at least \$100,000): _____

Liability Total accident (required: at least \$300,000): _____

Property Damage (required: at least \$100,000): _____

Vehicle #2

Year/Make/Model: _____

Liability Insurance

Liability per person (required: at least \$100,000): _____

Liability Total accident (required: at least \$300,000): _____

Property Damage (required: at least \$100,000): _____

I certify that to the best of my knowledge, the vehicles listed above are in safe, working condition. If I know a vehicle to have a defect that could cause injury, I agree not to transport students, staff, or volunteers in said vehicle until the problem has been repaired. I agree to submit to a background check, and I understand that submission of this form does not guarantee me the privilege of transporting students not under my guardianship.

Signature: _____ Date: _____