

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: \_\_\_\_\_