

# Alternative Driver/Vehicle Authorization Checklist

(Employee driver using a vehicle owned or leased by the District for student transportation)

## 1. Name and Job Title of Employee-Applicant; Acknowledgement and Employee Signature:

\_\_\_\_\_  
 First Name                                      Middle Name                                      Last Name                                      Job Title

- By checking this box and affixing my signature on the line below, I indicate that I understand and agree that it is my responsibility to provide truthful and complete information to the School District in respect to any material facts on this form, and in connection with any other forms, statements, or records that may be submitted in order for the District to authorize me to provide student transportation. I understand and agree that the School District will be using and relying on the information that I provide to determine whether I will be authorized to perform this job function.

\_\_\_\_\_  
 Signature of Driver-Applicant

\_\_\_\_\_  
 Date

## The remainder of this page (below) is to be completed by the School District:

1. The above-identified individual and the District are seeking to authorize the individual, as part of his/her employment, to provide student transportation using a vehicle owned or leased by the District, as follows:

- On a non-continuous basis (e.g. for a specific event or only for a defined period of time), and \_\_\_\_\_ (name of Administrator) gave preliminary approval for the applicable transportation plan on \_\_\_\_\_ (mm/dd/yyyy).
- On a continuous basis as part of his/her regular job duties.

## 2. District Vehicle(s) to which this Authorization Applies (If Approved):

\_\_\_\_\_  
 Make                                      Model                                      Model Year:                                      License Plate #                                      Maximum Seating  
 Capacity

2. Identify the **name and job title** of the District employee who is responsible for reviewing the "checklist" items that begin on the next page on behalf of the District. The employee is responsible for reviewing and evaluating the completeness and acceptability of (1) the employee-applicant's response to each item; and (2) each piece of supporting documentation. (This employee must be someone other than the employee-applicant.)

\_\_\_\_\_  
 Employee Name

\_\_\_\_\_  
 Job Title

## FORMAL ADMINISTRATOR APPROVAL AND AUTHORIZATION:

- The District has reviewed this application, found it to be complete and acceptable, and authorizes the above-named employee-applicant to provide student transportation using the vehicle(s) identified above for the event(s), time period, or assigned duties as further described in the space below:
- \_\_\_\_\_
- This authorization initially expires on \_\_\_\_\_ but may be renewed or extended in writing upon receipt of updated documentation. [Note: insert the earliest date on which any necessary documentation expires.]
- A written contract or contract addendum approved by the District for this purpose has been executed on \_\_\_\_\_ between the District and the employee-applicant.

Administrator's Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Driver Requirements</b>		<b>To be initialed and/or boxes "checked" by the driver applicant</b>	<b>To be initialed/ "checked" by a District employee after the item is completed.</b>
Operator's License	The proposed driver possesses a valid operator's license issued by Wisconsin, another state, or any valid alternative jurisdiction as identified in statute 340.01(41m) or statute 121.555(2)(c)1.	_____	
	<b>Documentation:</b> Photocopy of current license		<input type="checkbox"/> _____
Age	The proposed driver is at least 18 years old or any higher age.	_____	
	<b>Documentation:</b> Photocopy of current license		<input type="checkbox"/> _____
Physical Capabilities	The proposed driver has sufficient use of both hands and the foot that is normally employed to operate the brake and accelerator OR a waiver of these requirements has been substantiated by an examination conducted by the Department of Transportation.	_____ Check one: <input type="checkbox"/> no waiver needed <input type="checkbox"/> with waiver	
	<b>Documentation:</b> Verification of DOT examination/waiver ( <i>applicable only if the applicant is relying on a waiver</i> )		<input type="checkbox"/> _____ <input type="checkbox"/> n/a
Medical Certification and Mandatory Medical Opinion	By initialing the box to the immediate right, the proposed driver affirmatively states and represents to the School District that he/she has <u>no knowledge or concern that he/she is afflicted with, or suffering from, any mental or physical disability, condition, or disease that would prevent the individual from exercising reasonable control over a motor vehicle.</u> If the driver later determines that he/she may have such a disability, condition, or disease, he/she agrees to immediately inform the District so that the District can determine whether he/she may continue to provide transportation for students.	_____	

	<p><b><u>Documentation:</u></b> A medical opinion is on file that is consistent with the underlined portion of the statement in the box above; issued within past three years.</p>		<input type="checkbox"/> _____ Date of opinion: _____
DPI-approved Background Form for Alternative Vehicle Drivers	The proposed driver has completed and returned a signed copy of the DPI-approved background form for alternative vehicle drivers	_____	
	<p><b><u>Documentation:</u></b> Completed original of the DPI-approved Background Form. After initial approval, the driver must complete and resubmit the DPI-approved form at least once every four years in order for the employee to be continued to be authorized as an alternative vehicle driver.</p> <p>OR</p> <p>The individual currently holds a valid school bus driver's endorsement issued by the Wis. Dept. of Trans.</p>		<input type="checkbox"/> _____ <i>Date form completed:</i> ____/____/____  OR <input type="checkbox"/> _____
Criminal Background Check Conducted by the School District	<p><b><u>Documentation:</u></b></p> <p>Prior to being initially approved to provide student transportation and at least every four years thereafter, the District has obtained a copy of the individual's criminal history report from the Crime Information Bureau of the Wisconsin Department of Justice, and all results are acceptable;</p> <p>OR</p> <p>The individual currently holds a valid school bus driver's endorsement issued by the Wis. Dept. of Transportation.</p>		<input type="checkbox"/> _____ <i>Date of report:</i> ____/____/____  <input type="checkbox"/> _____
Driving History and Copy of Driver's Record from the Department of Transportation	<p>By initialing the box to the immediate right, the proposed driver affirmatively states and represents to the School District that he/she has never had his/her operator's license suspended or revoked by any jurisdiction, and that he/she has never been convicted of operating a motor vehicle while under the influence of alcohol or drugs.</p> <p><i>(NOTE: If the proposed driver is unable to affirm the truth of the statement in the above paragraph, then the driver's background must be explored in greater detail and the individual's eligibility must be determined by the District Administrator.)</i></p>	_____	

	<p><b>Documentation:</b></p> <p>Prior to being initially approved to provide student transportation and at least every four years thereafter, the District has obtained a copy of the individual's operating record from the Department of Transportation, and all results are acceptable;</p> <p>OR</p> <p>The individual currently holds a valid school bus driver's endorsement issued by the Wis. Dept. of Trans.</p>		<input type="checkbox"/> _____ <i>Date of report:</i> ___/___/___  <input type="checkbox"/> _____
<p>Immediate Reporting of Specific Incidents Occurring while Performing Employment-Related Duties.</p>	<p>By initialing the box to the immediate right, the proposed driver agrees that during any time period that he/she is authorized by the District to provide student transportation services, the individual must report to the school district, in writing and as soon as practicable after the occurrence of the incident (i.e., immediately), any of the following:</p> <p>(1) any motor vehicle accident in which the individual was involved as the operator of a motor vehicle that occurs when the individual <u>is</u> performing any job-related duty;</p> <p>(2) the receipt of any traffic citation for any incident or violation that occurs while the individual is performing any job-related duty; and</p> <p>(3) any injury to a student, employee, or any other person that occurs while the individual is performing a job-related duty and the injury has a direct or indirect connection to a school district program or district operations.</p>	<p>_____</p>	

<p>Reporting of Any Accident/Citation/Injury and Any Suspension or Loss of Operating Privileges; or Loss of Eligibility for School Bus Endorsement</p>	<p>By initialing the box to the immediate right, the proposed driver agrees that during any time period that he/she is authorized by the District to provide student transportation services, the individual must report to the school district, in writing and within 10 days of the occurrence of the incident:</p> <p>(1) any motor vehicle accident in which the individual was involved as the operator of a motor vehicle that occurs when the individual is <u>not</u> acting within the scope of his/her employment;</p> <p>(2) any conviction or operating privilege revocation that makes the person ineligible to transport students under sec. 121.555(1) of the state statutes (see the list attached to the DPI Driver Background Form);</p> <p>(3) any suspension or revocation of the individual's operating privileges or any cancellation of a school bus endorsement by any jurisdiction; and</p> <p>(4) any current accumulation of more than six (6) driver's license points (violations will be evaluated).</p>	<hr/>	
<p><b>Written Contract Requirement</b></p>		<p>To be initialed and/or boxes "checked" by the driver applicant</p>	<p>To be initialed/ "checked" by a District employee after the item is completed.</p>

Contract Requirement	<p><b>Documentation:</b></p> <p>State law requires the following individuals to be under written contract with the District: (1) all drivers of motor vehicles that are owned by the District and used for student transportation, and (2) the owner or lessee of any privately owned vehicle that is used to transport students for compensation.</p> <p>A written contract or contract addendum approved by the District for this purpose has been executed between the District and the employee-applicant.</p> <p>OR</p> <p>The written contract will be executed only if the District first determines that all other eligibility requirements have been met and administrative authorization to serve as a vehicle driver is granted (see the bottom of page 1 of this checklist/authorization form).</p>		<input type="checkbox"/> _____ Date of contract: ____/____/____ OR <input type="checkbox"/> _____
<b>Vehicle Requirements</b>		<b>To be initialed and/or boxes "checked" by the driver applicant</b>	<b>To be initialed/ "checked" by a District employee after the item is completed.</b>
Safety Requirements	By initialing the box to the immediate right, the proposed driver agrees that all passengers present in a vehicle being used to transport students will use a seat belt, and that the driver will ensure he/she observes all age/weight/height requirements that apply to use of vehicle restraints, car seats, booster seats, and passenger location (i.e., all front seat passengers must be eligible to ride in that location).	_____	_____
Vehicle Size/Type Limitations	The vehicle identified on this form (first page, above), and any additional vehicle identified in connection with this authorization (1) is manufactured to transport a maximum of nine or fewer passengers, in addition to the driver; (2) has a sufficient number of permanently-mounted and forward-facing seats for each passenger; (3) was manufactured within the last 20 model years; and (4) is not a homemade, street modified, or replica vehicle.		_____
Vehicle Inspection	<p>The vehicle was inspected within the last 12 months by a certified mechanic, and successfully passed the inspection.</p> <p><i>NOTE: The inspection should be an inspection by a certified mechanic designed to check for compliance with section 110.075 and ch. 347 of the statutes, as well as Ch. Trans 305 of the Wisconsin Administrative Code. The District will pay for the inspection.</i></p>		_____

	<p><b>Documentation:</b> A copy of a record from the mechanic that confirms that the vehicle passed the inspection and that identifies the date of the inspection.</p> <p><i>NOTE: If the inspection report called for the making of any repairs, there must be documentation that the repairs were completed.</i></p>		<input type="checkbox"/> _____ <i>Date of inspection:</i> ____/____/____
<h2>Vehicle Insurance Requirements</h2>		<b>To be initialed and/or boxes "checked" by the driver applicant</b>	<b>To be initialed/ "checked" by a District employee after the item is completed.</b>
Minimum insurance coverage to be maintained on the vehicle	<ul style="list-style-type: none"> <li>• \$100,000 property damage coverage;</li> <li>• \$100,000 bodily injury liability coverage per person;</li> <li>• Subject to the individual limitation, \$300,000 total bodily liability coverage per accident; and</li> <li>• Uninsured and underinsured motorist coverage of \$100,000 per person, and \$300,000 per accident.</li> </ul>		_____ 
	<p><b>Documentation:</b> A copy of the declarations page of the insurance policy and a record indicating the expiration/renewal date of the current policy.</p> <p><i>NOTE: Unless the District's liability carrier recommends otherwise, for any vehicle rented by the District, the District may accept and pay for primary or secondary insurance coverage through the rental agency, and the District should confirm that, in total, such agency-provided coverage plus any coverage that is available through the District's liability carrier meet or exceed the above-stated requirements.</i></p>		<input type="checkbox"/> _____ <i>Date Insurance Policy Expires:</i> ____/____/____

**Adoption Date:** September 9, 2024