

CLARKSVILLE-MONTGOMERY COUNTY SCHOOL SYSTEM

**REQUEST FOR USE OF SCHOOL VEHICLE OTHER THAN A SCHOOL BUS
USE OF POV TO HAUL/TOW CMCSS OWNED EQUIPMENT**

(To be completed and submitted to Director of Transportation **prior** to trip)

Date of Request		School/Department	
Date Trip	Leaving Time	Returning Time	Number of Students
Number of Adults		Person Requesting Vehicle	
Destination		Account # (for billing)	
CMCSS VAN	YES	NO	RENTAL VAN
			YES
			NO
Approved by _____		_____	
	Date		Principal
Approved/Disapproved _____		_____	
	Date		Director of Transportation
Vehicle #: _____		Type: _____	
VIN#: _____		*If towing a CMCSS Trailer list trailer.	
AGREEMENT:			
I have a valid driver's license and false answers to any question in this statement may be grounds for dismissal. All applicants are subject to having their Motor Vehicle Record reviewed, and are subject to Drug and Alcohol Testing. All the information you give will be considered in reviewing your request and is subject to investigation. I understand that I will not allow any other person to drive a vehicle assigned to me.			
I certify that the statements made here are true, complete and correct to the best of my knowledge and belief, and are made in good faith. *I will not hold CMCSS liable for damages that may occur when towing a CMCSS trailer with my personal vehicle. I will provide proof of insurance from my current automobile insurance provider. It is the responsibility of the school to schedule a road test with Fleet Safety as required by CMCSS prior to towing trailers as per TRN-A014.			
Driver: List any moving violations which you have had in the last five (5 years)			

Name _____	_____	_____	_____
	Last	First	Middle
SS# _____	Driver's License/State _____	DOB _____	_____
Signature _____	_____		Date _____

White copy – Transportation File, **Yellow copy** – Principal or Supervisor, **Pink copy** – Driver
If downloading from CMCSS Master Document List please make three copies.