

Attestation of Vehicle Use

Transportation

Frederick County Public Schools 191 South East Street Frederick, Maryland 21701

Form #187-F11 August 2025

DIRECTIONS

Prior to completing this form, employees must review the <u>Operating a Vehicle for FCPS Business Purposes</u>. Identified FCPS employees are only authorized to transport students in unique circumstances. Employees must provide submission of insurance information for reimbursement to ensure that their policy meets the FCPS minimum levels of coverage (\$100,000/\$300,000 bodily injury and \$100,000 property damage). All employees must be accompanied by a second FCPS staff member and parental permission must be secured and documented prior to the transport. Employees must possess a valid driver's license and submit this form and obtain a supervisor's signature prior to transporting students.

EMPLOYEE INFORMATION (Please Print)	
Name	
Email	
Home Address	
Phone Numbers: Home	Mobile
Employee IDJob Title	
Employee's School/Office Location	
VALID DRIVERS LICENSE INFORMATION	
Driver's License State: Driver's L	icense Number:
Driver's License Expiration Date:	
 INSURANCE AND LIABILITY INFORMATION My personal automobile insurance policy meets the FCPS minimum levels of coverage. I understand that I must obey all traffic laws. I understand that I am responsible for any fines, tickets, or penalties incurred while driving. 	
SIGNATURES	
☐ I CERTIFY THE INFO	DRMATION ABOVE IS TRUE AND CORRECT
Your Name Printed	Date
Your Signature	Date/
Supervisor Name Printed	Date/
Supervisor Signature	

EMPLOYEE ACTION: Return the completed and signed form to your supervisor.

SUPERVISOR ACTION: Supervisors must ensure that the employee name and driver's license information is submitted via ServiceNow as a work order (under "Transportation" tab) to be added to the MVA monitoring database.

All completed forms should be kept on file at the work site and must be updated annually.