

**FORM #3**

**School District of Holmen  
Vehicle Inspection Form**

**Complete one form for each private vehicle to be used**

**Transportation in Private Vehicles:** Private, non-school owned vehicles may be used to transport students only if they comply with statutory safety requirements and district minimum liability insurance on that vehicle. An approved vehicle inspection form must be on file for each private vehicle used for pupil transportation.

Vehicle Identification: Make & Model \_\_\_\_\_ Year \_\_\_\_\_

License Plate Number \_\_\_\_\_ Owner \_\_\_\_\_

Your signature below certifies that you have inspected the vehicle and that all required safety equipment items below, except those marked "Not OK" are in legal operating condition. Only vehicles meeting all of these safety requirements may be used for transporting students.

OK	NOT OK	OK	NOT OK	OK	NOT OK
___	___ Head Lamps	___	___ Parking Lamps	___	___ Directional Lamps
___	___ Flashing Warning Lights	___	___ Tail Lamps	___	___ Brake Lamps
___	___ Back Up Lamps	___	___ Side marker Lamps/Reflectors	___	___ Steering System
___	___ Suspension System	___	___ Bumpers and Fenders	___	___ Hood/Trunk Latches
___	___ Door Latches & Locks	___	___ Tires	___	___ Exhaust System
___	___ Fuel System	___	___ Windshield	___	___ Windows: Vent, Side, Rear
___	___ Defrost & Heating System	___	___ Horn	___	___ Mirror
___	___ Speed Indicator	___	___ Odometer	___	___ Seat Belts & Restraining Devices
___	___ Brakes	___	___ Parking Brake	___	___ Floor & Trunk Pans
___	___ Windshield Wipers & Washers	___	___ Seats	___	___ Cooling System

Are all seats permanently mounted and facing forward? YES \_\_\_ NO \_\_\_

Date of Inspection \_\_\_\_\_ Employee/Parent/Volunteer Signature \_\_\_\_\_

**Driver's Statement: (Not required for parents transporting their own children)**  
I have a minimum of \$15,000 property damage, \$75,000 each person, \$150,000 for each accident (7 people or less) and \$200,000 for each accident (8-10 people) liability coverage on the vehicle in which I intend to transport any student. I have this coverage with: **(PLEASE ATTACH A COPY OF YOUR VEHICLE INSURANCE CARD)**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_\_  
Street Address or PO Box of Insurance Co.

\_\_\_\_\_  
City, State and Zip Code of Insurance Co.

\_\_\_\_\_  
Employee/Volunteer/Parent Signature

\_\_\_\_\_  
Administrator Signature

**District Use Only**

Current Abstract \_\_\_\_\_ Medical Opinion \_\_\_\_\_ Inspection Form \_\_\_\_\_ Background Check \_\_\_\_\_

District Approval \_\_\_\_\_ Date \_\_\_\_\_