

BAY DISTRICT SCHOOLS POLICE
SAFETY & SECURITY DEPARTMENT
MOTOR VEHICLE REPORT REQUEST



TODAYS DATE: _____

FULL NAME: _____
(LAST) (FIRST) (MI)

() MALE () FEMALE

DATE OF BIRTH: _____

CURRENT FINGER PRINTS WITH BDS: Yes _____ No _____

FLORIDA DRIVERS LICENSE NUMBER: _____

ORIGINATOR OF REQUEST

SCHOOL: _____

DEPARTMENT OR ORGANIZATION: _____

LIST IF THE DRIVER IS AN EMPLOYEE or VOLUNTEER: _____

PRINCIPAL OR DEPT. HEAD SIGNATURE: _____

PHONE NUMBER: _____

DATE(S) OF TRAVEL: _____

DESTINATION: _____

VEHICLE

() SCHOOL OR AUTHORIZED AND APPROVED RENTAL VEHICLE

() PERSONAL VEHICLE Proof of \$100,000 / \$300,000 Bodily Injury Liability

PERSONAL VEHICLE: _____
(MAKE) (MODEL) (YEAR)