

**North Orange County Community College District**  
**Proof of Automobile Insurance for Mileage Reimbursement**

Please print all information clearly

Name: \_\_\_\_\_ Banner ID # \_\_\_\_\_

Title: \_\_\_\_\_ Location: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Number State

**VEHICLE INFORMATION:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_

Registered Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_

**Please attach a copy of proof of insurance and a copy of current Driver's License**  
I certify that the above information is true and correct. In signing this request, I agree to the following conditions:

1. When it is necessary to drive my personal vehicle on District business, I will use only the vehicle authorized by this form.
2. I agree to drive in a reasonable and prudent manner and abide by all applicable State and Local laws, ordinances and regulations.
3. My passengers and I will utilize safety measures such as seat belts that the vehicle may be equipped with while the vehicle is in motion.
4. I shall maintain a valid California Driver's License. If my California Driver's License should be suspended, cancelled or revoked, I shall immediately inform my supervisor and cease any driving on District business.
5. I shall immediately inform my supervisor should my automobile liability insurance be suspended cancelled or revoked and cease any driving on District business.
6. I shall immediately notify my supervisor should I change the automobile liability or property damage limits on my vehicle.
7. I shall immediately report to my supervisor any automotive accident I become involved in while driving on District business.
8. I give my permission to allow the District to obtain my motor vehicle record from the California Department of Motor Vehicles.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_