

**CERTIFICATION FOR
FIELD TRIP TRANSPORTATION**
Michigan Department of Human Services
Bureau of Children and Adult Licensing

Group	Date of Trip	Destination
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As volunteer drivers for the above field trip, we the undersigned verify that the following information is true as it relates to my vehicle and my driving record:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The seats in my vehicle do not face sideways. [R400.5603(2)] |
| <input type="checkbox"/> | <input type="checkbox"/> | I have no loose heavy objects in my vehicle. [R400.5603(4)] |
| <input type="checkbox"/> | <input type="checkbox"/> | My vehicle is in safe operating condition and meets the MI vehicle code for safety equipment. [R400.5603(1), (2)] |
| <input type="checkbox"/> | <input type="checkbox"/> | I have first aid kit in my vehicle and am familiar with its contents. [R400.5605] |
| <input type="checkbox"/> | <input type="checkbox"/> | Each child who is less than 8 years old or 4'9" will ride in a properly fitting child safety seat or booster seat. [R400.4607(1)] |
| <input type="checkbox"/> | <input type="checkbox"/> | The driver and all adult passengers will be restrained in a seat belt. [R400.5607(3)] |
| <input type="checkbox"/> | <input type="checkbox"/> | I am at least 18 years old. [R400.5610(1)(a)] |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a valid driver's license with fewer than six points on my driving record. [R400.5610(1)(c)] |
| <input type="checkbox"/> | <input type="checkbox"/> | I have child information cards of the children in my care. [R400.5610(3)] |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a certificate of no-fault insurance for my vehicle and registration in the vehicle. [R400.5610(1)(d)] |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand there may be no smoking in my vehicle or on field trips. [R400.5102(a)(b)] |
| <input type="checkbox"/> | <input type="checkbox"/> | I am not an employee of the center and my vehicle is not owned or leased by, or registered to the center. [R400.5610(a)(d)] |

<i>Driver's Signature</i>	<i>Date</i>	<i>Vehicle Year, Make</i>	<i>Rated Seating Capacity</i>
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Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.