

REQUEST FOR AUTHORIZATION TO OPERATE A VEHICLE

Occasional Driver
 Non-Occasional Driver (Operates vehicle more than once a week.)

As an employee of University Enterprises, Inc., I am requesting approval to operate a vehicle to conduct business.

Vehicle Belongs to: University Enterprises, Inc.
 Personal Vehicle (Make and Model) _____
 Other (Company Name, ie. USGS) _____

Department/Project Name: _____

Supervisor's Name: _____

Phone: _____ E-mail: (required) _____

Driver's Name: _____

Full-time Employee Part-time Employee

Phone: _____ E-mail: (required) _____

Driver License #: _____ Exp. Date: _____

Personal Ins. Carrier Name: _____

Policy Holder Name: _____ Driver's Relationship to Policy Holder: _____

Insurance Coverage Date: _____ From: _____ To: _____

CERTIFICATION AND ACKNOWLEDGEMENT

I hereby certify that, whenever I operate a vehicle to conduct business:

- I will have a valid driver license in my possession.
- All persons in the vehicle will wear safety belts.
- The vehicle shall always be covered by liability insurance minimum required by law of \$15,000/\$30,000/\$5,000. Higher levels of coverage are recommended.
- Evidence of current automobile liability insurance will be in the vehicle at all times as required by law (Vehicle Code Section 16020).
- The automobile is adequate for the work to be performed, equipped with safety belts in operating condition, and to the best of my knowledge in safe mechanical condition.
- I will take the online Defensive Driver Training within 30 days of approval to drive.

While using a privately owned vehicle on business, all accidents will be reported to Risk Management at University Enterprises, Inc. immediately or as soon as practical.

Employee Signature

Date

Project Supervisor Signature

Date

Please return this form with a copy of your Driver License and a copy of your Proof of Insurance.

Risk Management Use Only:

MVR Clearance _____
Proof of Insurance _____ Coverage Level _____
Policy Year from _____ to _____
Renewal Date _____
Renewal Notification Date _____

