CAL POLY RISK MANAGEMENT
REQUEST TO OPERATE VEHICLES ON UNIVERSITY (STATE) BUSINESS

REQUESTOR INFORMATION *(Print legibly or type)*

PHOTOCOPY OF DRIVERS LICENSE IS REQUIRED TO ACCOMPANY THIS FORM

Requestor Name: _____
LAST FIRST M

Univ.Empl /Student ID#: _____ Requestor Birth Date: _____

CA Driver's License No.: _____ Expiration Date: _____

*Dept. Driving For: _____

Campus email address: _____ @calpoly.edu

Requestor Campus Phone #: 6- _____ Other Phone #: _____

UNIVERSITY STATUS

PLEASE CHECK APPROPRIATE BOX(s) :

- ☐ University Faculty
- ☐ University Staff
- ☐ University Student Asst. (*In dept. driving for)
- ☐ Identified Volunteer – **RM Form V-1 must be completed and attached**
  - ☐ Corporation employee
  - ☐ ASI employee
  - ☐ Other
- ☐ University Van Pool Driver

REQUESTOR CERTIFICATION

I certify that:

1. I am in possession of a valid California driver's license (see attached copy). I certify that I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three thereof) during the past twelve-month period. I authorize Risk Mgmt. to request a copy of my driving record from the CA DMV to confirm.

2. Operation of any vehicle on University (state) business will be in compliance with applicable laws, policies, regulations and safety requirements.

   - CSU Use of University and Private Vehicles Policy Guidelines are available on the web at CSURMA Policy Guideline
   - California Department of Motor Vehicles Handbooks are available at DMV Handbooks

3. If authorized to operate a vehicle on University (state) business at least once per month regularly through out the fiscal year, I will complete the on-line, University Defensive Driver Training Program, upon notification of my ID and password supplied by Risk Management, (renewable every four years).

4. Vehicles owned, leased or rented by the University will only be used on University business.

5. Separate authorization will be obtained for use of personal vehicles on University business. (See Form 261)

6. Vehicles rented for use on University (state) business will be rented through State or University contracts worldwide, if available. (See State Travel)

7. Any accident in a vehicle being driven on University business will be reported as soon as possible or within 24 hours to Risk Management, (805)756-6755, nights, weekends, and holidays report to University Police, (805) 756-2281.

8. Drivers of vehicles being driven on University Business will file a completed report of Vehicle accident STD 270 with Risk Management within 48 hours. Referenced web links can also be found at http://www.afd.calpoly.edu/Risk/forms.html, and http://www.afd.calpoly.edu/FiscalServices/Travel/services.htm

Requestor's Signature: _____ **Date:** _____

SUPERVISOR'S AUTHORIZATION

The above named University employee is required to operate vehicles on University (state) business *(please check one box)*:

☐ **more than once a month** ☐ **no more than once per month**

I have verified that this applicant possesses a valid California driver's license of appropriate class and I have verified the applicants UNIVERSITY STATUS as checked above.

Authorized By: _____ Date: _____
Signature

Print/Type Name: STEPHAN R LAWS Dept. Bldg. & Rm #: 65 - 217E

Print/Type Title: ASSOCIATE DIRECTOR Dept. Phone: 6-6509

Upon completion of this form, please submit to Risk Mgmt. Dept, Bldg. 80. RM will notify the supervisor if the DMV record does not meet the established criteria for an approved University driver. Please keep a copy of this form for your records.