

Utah State University

Automobile Driver's Representation



Departments: Please make sure your driver's complete this form and returns it to Fleet Operations along with the Certificate of Completion from the online test. If your department decides to also keep a copy of this form, then you need to black out the license number (since it is secure information).

I hereby certify that:

- I have given a copy of the Certificate of Completion to my department to keep on file and I understand that myself and my department are responsible to have me take the driving test every two years as required by the Vehicle Use Policy #514 section 1.5-1.7.
- I am 18 years old or older and have a valid driver's license(s) to drive in the State of Utah.
- I have read USU's Vehicle Use Policy #514 and agree to its terms and conditions.
- I have completed the Online State Defensive Driving course or an approved Driver Safety Program
- I have not received a citation within the past twelve (12) months for **any** of the following
 - Driving under the influence of alcohol or drugs
 - Reckless Driving
- I understand that if I am cited at fault in an accident, I should not drive a USU vehicle until I complete the driver safety course.

NOTE: The University's automobile liability insurance imposes a \$10,000 deductible on any accident involving a University vehicle is which the driver has received a citation within 12 months prior to the accident, UNLESS the driver has completed an approved Driver Safety Program subsequent to receiving such citation.

- I will inform my Department Head/Supervisor of any changes in my driving status.
- I will wear a seat belt at all times during the trip and will require all passengers to do the same.
- My personal automobile, if used, is legally registered, inspected and in safe operating condition.
- I understand that the University has no insurance to cover damages to my personal automobile and that my personal automobile liability insurance is primary in the event of a claim.
- I understand that if I provide false information on this form, I may be personally liable for loss.

Employee or Student Banner ID (e.g. A012345678)

Home Phone Number

Legal Name (First Middle Last)

Cell Phone Number

Name that you go by (if different)

Email Address

Driver's License #

State

Expiration Date

Department I am driving for

UMC (if known)

DL Class (e.g. A,B,C,D)

Gender

Date of Birth

Department Phone Number

Signature

Date

Date of viewing the Defense Driving Video (If Different)

Please check if you need a Personal USU Fueling PIN to fuel USU vehicles with the state issued gas cards that are assigned to department vehicles. (Motor Pool Vehicles Do Not Require a Personal PIN)

Supervisor's Signature (Only needed if requesting a PIN)

Or you can also print it off and fax it to 435-797-3146 or send it in campus mail to UMC 9000