



**APPLICATION FOR
VEHICLE OPERATION AUTHORIZATION**

This form is your request to operate vehicles on University business. You must have your supervisor's permission to operate any vehicle on University Business. The Use of University and Private Vehicles Policy Guidelines of the California State University (CSU) require the following:

Before operating a vehicle on University business, you must first provide evidence of and certify and maintain:

1. Possess and maintain a **valid and appropriate State Drivers License** (foreign licenses are not permitted).
2. **Not** have received more than two moving violations and/or accidents in the past year AND have more than four DMV points on their record.
3. Have and maintain a **good driving record**. RMS reviews your driving record every year.
4. Enroll in the University's State of California Department of Motor Vehicles Employer Notice Program. Completing this form initiates that process.
5. **Complete the CSU approved Defensive Driver Training Course**, if applicable. Online training is available at <http://www.rms.csus.edu/riskmanagement/defensivedriving.html>. Defensive Driver Training is valid for four years and must be repeated thereafter. (SAM 0751)
6. **Must be 18 or older**. Drivers under 18 may not drive on university business (SAM MM 04-13).
7. **Applications must be submitted two weeks before the scheduled driving event.**
8. Students may drive on University business as a volunteer. Volunteers will be placed in the Driver Program for one year and must be renewed annually.
9. ***Driver Type Definition:** *Frequent:* Drives more than once a month or 12 times a year, *Infrequent:* Drives less than once a month or 12 times a year

Please complete all bold sections and print in ink.

Name: First _____ Middle _____ Last _____

CA Drivers License Number: _____ License Class: **A B C** Expires: _____

Date of Birth: Month _____ Day _____ Year _____ CSUS ID# (not SSN): _____

University Position: _____ Department: _____

Agreement, Certification, Release, and Acknowledgement

I understand and agree that I must possess and maintain a valid State Drivers License in order to operate vehicles on University business. I further understand that if my job requires vehicle operation, that I must maintain a valid State Drivers License and a good driving record. I hereby authorize the University to obtain my Drivers License information and for California DMV to release this information to my employer. I further acknowledge and agree that my supervisor and manager may be provided with my driving record information. I hereby release and waive any claims against the State of California, the CSU and CSU Sacramento that may be related to the use of this information in my employment. I certify that I am in possession of a valid California or other State Driver's license. I certify that I have not been issued more than two moving violations or have been involved in more than two motor vehicle accidents (or any combination of the two thereof) during the past twelve month period.

Employee Signature: _____ Date: _____

Authorization Signature: _____ Date: _____

Program Manager/Dean/Director

Original to Risk Management Services, Campus Zip 6145
<http://www.rms.csus.edu>

Department: Keep Copy

Questions? Call or email Janie Xiong at (916) 278-6456 xiong@csus.edu