

PRINT Name _____ Phone _____

ALL DRIVERS MUST COMPLETE FORM

I, _____ the undersigned, as a driver of a vehicle for _____ organization, acknowledge my responsibility for the people assigned me. I will drive within the limits of the law and always drive with discretion.

Drivers must have a valid driver's license appropriate to the type of vehicle and minimum insurance coverage required by law (i.e., Van requires Class II license). Copies of a CURRENT OPERATOR'S LICENSE and CURRENT INSURANCE CERTIFICATE must be on file with the Associated Students Business Office TWO WEEKS PRIOR TO TRAVEL. *Prior to driving any vehicle for organization travel, state law requires the owner possess the following liability insurance:*

1. \$15,000 per personal injury to or death of, one person
2. \$30,000 per personal injury to two or more persons in one accident
3. \$5,000 for property damage

It is the responsibility of the person driving to copy their license and proof of above mentioned insurance and attach it to this form.

WHEN DRIVING PRIVATE or RENTAL VEHICLE:

Proposed driver is to have a good driving record and insurance coverage. Copies of both license and insurance coverage certificate are to be submitted to the Associated Students Business Office TWO WEEKS PRIOR TO TRAVEL when driving a private vehicle. **Business Office will confirm driving record with DMV if information provided 2 weeks prior to the travel date.** Otherwise individual is to provide copy of DMV driving record. If driving a rental vehicle, proof of insurance will not be required. Rental agency will be responsible for insurance.

Maximum number that can travel in vehicle: _____ Class type driver's license: Class I Class II

I VERIFY THAT THE VEHICLE LICENSE # _____ is adequate for the travel to be performed and is equipped with seat belts and is in safe mechanical condition.

I VERIFY I have received no more than two (2) moving violations in the past 12 months and have no violations for driving while intoxicated or for reckless driving.

"ALL OF THE ABOVE IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE."

SIGNATURE OF DRIVER: _____ DATE: _____

DRIVER'S LICENSE NUMBER: _____ EXPIRATION DATE: _____

MEMBERS TRAVELING IN THE ABOVE MENTIONED VEHICLE (PLEASE PRINT)

1. Name _____ Driver: YES NO

Address _____

City/State/Zip _____ Phone _____

2. Name _____ Driver: YES NO

Address _____

City/State/Zip _____ Phone _____

3. Name _____ Driver: YES NO

Address _____

City/State/Zip _____ Phone _____

4. Name _____ Driver: YES NO

Address _____

City/State/Zip _____ Phone _____

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MEMBERS TRAVELING CONTINUED (PLEASE PRINT)

5. Name _____ Driver: YES NO
Address _____
City/State/Zip _____ Phone _____

6. Name _____ Driver: YES NO
Address _____
City/State/Zip _____ Phone _____

7. Name _____ Driver: YES NO
Address _____
City/State/Zip _____ Phone _____

8. Name _____ Driver: YES NO
Address _____
City/State/Zip _____ Phone _____

9. Name _____ Driver: YES NO
Address _____
City/State/Zip _____ Phone _____

10. Name _____ Driver: YES NO
Address _____
City/State/Zip _____ Phone _____

11. Name _____ Driver: YES NO
Address _____
City/State/Zip _____ Phone _____

12. Name _____ Driver: YES NO
Address _____
City/State/Zip _____ Phone _____

DRIVERS MUST HAVE CURRENT DRIVER/INSURANCE INFORMATION ON FILE AT THE A.S. BUSINESS OFFICE

OFFICE USE: DMV Report Received _____	DMV Request to Accounting Asst. _____	Date _____
Class Driver's License Checked _____	Insurance Documents Checked _____	