

UW-WHITEWATER DRIVER AUTHORIZATION FORM

Please submit this form to **Risk Management & Safety (Hyer Hall, Rm 330)** for processing no later than five (5) working days before driving approval is needed. Incomplete applications will be returned. If you have questions, or need help with this form, please call 472-1856. **APPLICANTS WITH NON-WI DRIVERS LICENSES MUST SUBMIT A CURRENT DRIVING RECORD FROM THEIR HOME STATE WITH THIS FORM.**

TO BE COMPLETED BY SUPERVISOR (must be faculty or staff)

I request that _____, a (circle one) **Staff Student LTE Volunteer* Agent***, be granted authorization to drive a State vehicle, leased vehicle or a privately owned vehicle on official University business.

**Volunteer/Agent Liability Request form must be completed. Call Risk Management & Safety 1856.*

Student authorizations expire annually on May 31st

Supervisor's Name (print)

Department Office

Supervisor's Signature

Department Phone Number

Org Code

Date Authorization Needed By

TO BE COMPLETED BY DRIVER APPLICANT

I request authorization to drive a State vehicle, leased vehicle or a privately-owned vehicle on official University business.

I agree that if I use a privately-owned vehicle on University business, I will possess private vehicle insurance to cover my operation of the vehicle with at least the following minimum coverage types and limits: \$100,000 bodily injury (per occurrence), \$300,000 bodily injury (aggregate), and \$50,000 property damage (per occurrence). I acknowledge that if an incident occurs while I am operating a privately-owned vehicle on official University business, my insurance will be the primary source of remedy for damages. I acknowledge that State vehicle coverage is excess to my insurance limits and applies **only** in circumstances in which my travel is directly related to the official University business.

I am aware of, and acknowledge that I must abide by, the provisions of the "Vehicle Use Agreement" on the following page which I have freely signed.

I have had a valid driver's license for 2 years Yes _____ No _____

Driver's Name Printed _____

Driver's License No. _____ Issued by (state) _____

Address (on License) _____

City _____ State _____ Zip Code _____

FOR RISK MANAGEMENT OFFICE USE ONLY

Form Revised: 02/28/2006

Authorization granted by: _____ Date: _____

Authorization denied by: _____ Reason: _____ Date: _____

**State of Wisconsin – Pool and Functional Pool
VEHICLE USE AGREEMENT**

I acknowledge that I have received and/or read a copy of the Statewide Fleet Driver Policies. I understand the contents and agree to comply with the policies. Failure to comply is considered a violation of work rules.

As a condition of my accepting a vehicle, I have agreed to a check of my driving record on a monthly basis and understand that personally identifiable information may be released to vendors outside of UW-Whitewater for the purpose of vehicle rental.

I further agree to inform my supervisor whenever any negative change in the status of my driving record may occur, such as license revocation, restriction, or suspension. I understand that any negative change in the status of my driving record or the failure to report such change may result in the revocation of the privilege of driving a state-owned vehicle.

Drivers Signature _____ **Date** _____