AUTHORIZATION TO USE
PRIVATELY OWNED VEHICLES
ON STATE BUSINESS

Name of Driver: _____

Driver's License #: _____ State: ____Expiration Date:_____

Name of Insurance Carrier: _____

I. Certification

I, hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law, and carry evidence of current automobile liability insurance in their vehicle.
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.

I, understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance. Further, I understand that to be reimbursed for mileage I must be on the approved drivers list. In order to be placed on the approved drivers list, a DR-1 must be completed and submitted at the beginning of each fall semester.

I, further certify that, while using a privately owned vehicle on official State business, all accidents will be reported to Human Resources within 48 hours.

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

I understand that any false statement on this form or failure to notify the college of any change in my insurance status or failure to report any accident immediately could result in disciplinary action.

Requested by:		Received by:	
_____		_____	
Employees Signature	Date	Human Resources	Date