# CAL POLY ENVIRONMENTAL HEALTH & SAFETY
## REQUEST TO OPERATE VEHICLES ON UNIVERSITY (STATE) BUSINESS

### REQUESTOR INFORMATION *(Print legibly or type)*

***PHOTOCOPY OF DRIVERS LICENSE IS REQUIRED TO ACCOMPANY THIS FORM***

Requestor Name: _____
LAST FIRST M

Department: _____ Campus email: _____ @calpoly.edu

CA Driver's License No.: Expiration Date:

Requestor Birth Date: _____

Requestor Campus Phone #: 6- _____ Other Phone #: _____

**UNIVERSITY STATUS**

***PLEASE CHECK APPROPRIATE BOX(s) :***

- ☐ University Faculty or Staff
- ☐ University Van Pool Driver
- ☐ University Student Asst. (*In dept. driving for)
- ☒ Identified Volunteer – **HR Form V-1 must be completed and attached**
  - ☐ Corporation employee
  - ☐ ASI employee
  - ☒ Other

### REQUESTOR CERTIFICATION

***I certify that:***

1. I am in possession of a valid California or other State driver's license (see attached copy). I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three thereof) during the past twelve-month period. I authorize Environmental Health & Safety to request a copy of my driving record from the CA DMV to confirm.

2. Operation of any vehicle on University (state) business will be in compliance with applicable laws, policies, regulations and safety requirements.

3. If authorized to operate a vehicle on University (state) business at least once per month regularly through out the fiscal year, I will complete the on-line, University Defensive Driver Training Program. Details on taking this training will be emailed to you by Environmental Health & Safety

4. Vehicles owned, leased or rented by the University will only be used on University business.

5. Separate authorization will be obtained for use of personal vehicles on University business. (See Form 261)

6. Vehicles rented for use on University (state) business will be rented through State or University contracts worldwide, if available. (See State Travel)

7. Any accident in a vehicle being driven on University business will be reported as soon as possible or within 24 hours to Risk Management, (805)756-6755, nights, weekends, and holidays report to University Police, (805) 756-2281.

8. Drivers of vehicles being driven on University Business will file a completed report of Vehicle accident STD 270 with Risk Management within 48 hours. Detailed information and forms can be found at http://www.afd.calpoly.edu/cprm/vehicleaccident.asp.

**Requestor's Signature:** **Date:**

### SUPERVISOR'S AUTHORIZATION

**The above named University employee is required to operate vehicles on University (state) business *(please check one box)*:**

☒ **more than once a month** ☐ **no more than once per month**

**I have verified that this applicant possesses a valid California or other State driver's license of appropriate class and I have verified the applicants UNIVERSITY STATUS as checked above**.

Authorized By: _____ Date: _____
*Signature*

Print/Type Name: Stephan Lamb Dept. Bldg. & Rm #: 65-217

Print/Type Title: Interim Director – SL&L Dept. Phone: 6-6509

***Upon completion of this form, please submit to Environmental Health & Safety, Bldg. 80. EH&S will notify the supervisor if the DMV record does not meet the established criteria for an approved University driver.***

**Information Security Notice: This document contains Level 1 confidential employee information. Completed forms should NOT be retained in the originating department and must be handled pursuant the Cal Poly Information Classification and Handling Standard.**