

AUTOMOBILE DRIVER'S REPRESENTATION

Retained by the authorizing department or supervisor

I hereby certify that:

I am 18 years old or older and have a valid license(s) to drive in the State of Utah.

I have read USU's Vehicle Use Policy and agree to its terms and conditions.

I have completed the State Defensive Driving course or an approved Driver Safety Program.

I have not received a citation within the past twelve (12) months for any of the following:

- driving under the influence of alcohol or drugs
- reckless driving

I understand that if I am cited at fault in an accident, I should not drive a USU vehicle until I complete the driver safety course.

NOTE: The University's automobile liability insurance imposes a \$10,000 deductible on any accident involving a University vehicle in which the driver has received a citation within 12 months prior to the accident ***UNLESS*** the driver has completed an approved Driver Safety Program subsequent to receiving such citation.

I will inform my Department Head/Supervisor of any changes in my driving status as indicated.

I will wear a seat belt at all times during the trip and will require all passengers to do the same.

My personal automobile, if used, is legally registered, inspected and in safe operating condition.

I understand that the University has no insurance to cover damages to my personal automobile and that my personal automobile liability insurance is primary in the event of a claim.

I understand that if I provide false information on this form, I may be personally liable for loss.

Name (Print)

Date of Birth

Address

Driver's License #s State Expiration Date

City, State, Zip

Home Phone Number

USU Department and Phone

Type: Class "C"= Chauffeur's, Class "D"= Regular, Other

Personal Insurance Company

Phone Number

Person(s) to Contact in Emergency

Phone Number(s)

Date of viewing the Defensive Driving Video or
completing an approved Driver Safety Program

Program Name

SIGNATURE

DATE