**University of Wisconsin-Eau Claire**

Risk Management and Safety

ASK Center Schofield 228K

(715) 836-5482 (Phone)

(715) 836-3051 (Fax)

Website: https://www.uwec.edu/LPS/index.htm



**DRIVER’S AUTHORIZATION FORM-VEHICLE USE AGREEMENT**

Permanent Employee Student Volunteer LTE Agent

(check all that apply)

PLEASE PRINT CLEARLY or TYPE

|  |  |  |
| --- | --- | --- |
| Driver’s Full Name (include full middle name) | Driver’s License No. | State |
| Driver’s E-mail Address | Driver’s Date of Birth (mm/dd/yy) | |
| Driver’s Phone Number | Number of years driving experience | |
| Requesting Department | Department phone number | |

Driver authorization is required for students, limited term employees, agents, volunteers and employees whose job requires them to drive on university business. This includes using: a State/University owned vehicle, any rented/leased vehicle or a personally owned vehicle while on university business.

**Instructions:**

The first step in becoming an authorized driver is to complete this vehicle use agreement form. The information

provided allows an initial comparison of the individual’s driving record to the minimum standards for driving and

determine if they can be authorized to drive on University business.

**NOTE: Students driver authorization expires May 31st. Co**mpleted forms for students are to be returned to the

driver’s immediate supervisor or faculty sponsor for their signature and promptly forwarded to the Office of Risk Management and Safety in Schofield 228K. Email notification of a denial will be made to both the driver and supervisor/faculty member. Please allow processing time up to 10 days. Here is a link to where staff members can

check on authorized drivers: <http://riskinfo.bussvc.wisc.edu/DrAuth/DriverAuth.aspx>

**Driver Agreement:**

I acknowledge that I have read the [State Fleet Policy and Procedures Manual, Chapter One: Fleet Driver Policies.](https://www.uwrf.edu/RiskManagement/upload/Fleet-Driver-and-Management-Policies-ManualAppendix.pdf)  I understand the contents and agree to comply with the policies. Failure to comply is considered a violation of rules. I understand that my driving record will be checked periodically and authorization ends when my driving record fails to

meet the minimum driving standards or when employment is terminated (students must apply each year).

I further agree to inform my supervisor or faculty sponsor of any negative change in the status of my driving record,

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 on university business.

|  |  |
| --- | --- |
| Driver Signature | Date (mm/dd/yy) |
| Supervisor/Faculty Sponsor Signature | Date (mm/dd/yy) |
| Supervisor/Faculty Sponsor Name (please print or type) | Phone Number |
| Risk Manager Signature \_\_Approved \_\_Denied | Date Record Check (mm/dd/yy) Meets Minimum driving standards \_\_Y\_\_N |

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