



This application is to be completed by anyone wishing to drive personal or College vehicles used for College business purposes. Southwestern’s APP 5014 – Vehicle Use Policy, outlines all criteria, requirements, and approval procedures for this application. All drivers must also follow the Vehicle Use Procedure. Please review and become familiar with the policy and procedure before completing this application. Authorization to drive requires five (5) working days for processing, after submittal of application.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver’s License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Dept.: \_\_\_\_\_

Check one:  Staff  Federal Work Study  Student  Other, specify reason for driving: \_\_\_\_\_

**SUPERVISOR ENDORSEMENT FOR STUDENT DRIVER (MUST BE COMPLETED):**

I understand that vehicles will not be assigned to students. Approved student drivers may drive when staff members are not available as primary drivers, and only when authorized to drive by the staff member assigned the College vehicle.

**NATURE OF DRIVING ASSIGNMENT:** \_\_\_\_\_

**STUDENT SUPERVISOR’S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

1. Vehicles to be driven (Volunteers are not permitted to drive rentals or 15-passenger vehicles):  
 Auto  15-Passenger Vehicle  Cart  Other: \_\_\_\_\_

2. Have you ever driven a 15-Passenger vehicle?  Yes  No

3. How often do you plan on using **COLLEGE** vehicles?  
 Regularly  Occasionally  Single-trip Only  Never

4. How often do you plan on using your **PERSONAL** vehicle for College business? (Must attach current proof of auto insurance. If an accident/incident occurs during the time an approved driver is using their personal vehicle on College business their personal insurance will be liable.)  
 Regularly  Occasionally  Single-trip Only  Never

**In addition to providing the information requested on this application, the following additional information is required:**

- \_\_\_ Copy of Driver’s License Attached (ALL drivers)
- \_\_\_ Proof of Insurance Attached (proof of insurance must be attached if requesting to drive personal vehicle on College business)
- \_\_\_ DMV report attached for Out-of-State applicants & volunteers
- \_\_\_ Applicants who will be driving College vehicles (either owned or rented by the College) must complete driver’s training through Facilities.

I hereby give permission to the Department of Motor Vehicles of the issuing state of my driver's license, to release my driving record to the College. I understand that personal and College vehicles used for College business are to be operated at all times within the motor vehicle laws of the state in which they are being operated, as well as in compliance with all College policies and procedures; that I am personally responsible for any citations received, and the reporting of any accidents or incidents to the College and if more than \$2,500 in damage is incurred, the Department of Motor Vehicles; and that permission to operate personal and College vehicles for College business may be revoked at any time.

All information provided in this application is complete and correct to the best of my knowledge. I have read and understand the content of this application and APP 5011. I agree to abide by the provisions stated within this procedure. I understand that failure to do so or deliberately providing incomplete or incorrect information may lead to discipline and/or revocation of driving privileges.

APPLICANT PRINTED NAME \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF IMMEDIATE SUPERVISOR (PRINTED) \_\_\_\_\_

RETURN THIS FORM WITH ATTACHMENTS TO FACILITY SERVICES

FOR FACILITY SERVICES/OFFICE OF ADMINISTRATIVE SERVICES USE ONLY

- Driver's License Attached
- Proof of Insurance Attached (*if necessary*)
- DMV Report Received/Approved

Approved  Denied

APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(*Director of Facilities or Executive Director of Admin. Services*)

*Southwestern Oregon Community College does not discriminate on the basis of race, color, gender, sexual orientation, marital status, religion, national origin, age, disability status, gender identity, or protected veterans in employment, education, or activities as set forth in compliance with federal and state statutes and regulations*