

Hartwick College Driver Authorization

Employee

Student/Volunteer

Under the College's *Vehicle Use Policy*, **all employees (including faculty) and students/volunteers are required to complete a driver authorization form prior to driving:**

- (1) A college vehicle OR
- (2) A personally-owned or rental vehicle on college business or for a college related activity (each as defined in the *Vehicle Use Policy*) where
 - a. The employee will be driving any other employee or volunteer or student; or
 - b. The employee is seeking reimbursement by submitting a Travel Expense Form.

Employees are required to renew this authorization every three years. Students and volunteers are required to reapply for authorization each year

Drivers who are approved to operate a vehicle per this policy are personally responsible to report to the Director of Campus Safety, any of the following serious conditions that occur after the date that driver authorization has been granted:

- *Conviction* for an alcohol and/or drug-related driving offense
- Refusal to submit to a Blood Alcohol Content (BAC) test
- *Conviction* for reckless driving
- *Suspension, revocation* or administrative restriction
- *Leaving the scene of an accident* as defined by state laws
- *At fault in a fatal accident*
- *Felony* committed involving a vehicle

Office Use Only	
Driver Approval Granted	<input type="radio"/>
Driver Approval Denied	<input type="radio"/>
Reason	
Date	
Signature	

The vehicle use policy requires that you complete the following questions. In the event any information changes prior to a required (3) year renewal, you must update the following information by reporting to your supervisor and Campus Safety . Changes in this information may result in revocation or suspension of your authorization.

- 1) Do you have a valid driver's license? Yes No
- 2) Do you now or have you ever had a medical condition (mental or physical) that may interfere with the safe operation of a motor vehicle. Yes No

If you answered yes to question 2, please explain _____

* Answer questions 3 and 4 only if you will be driving your personal vehicle on college business or for a college-related activity.

- 3) Do you have valid automobile liability insurance? Yes No
- 4) To your knowledge, is your personal vehicle inspected and in safe condition to drive? Yes No

Omit questions 4-8 if you are completing this form for reimbursement *only*, for use of your personal vehicle.

- 5) Have you had any moving violationⁱ in the past 3 years? If yes list below
 Yes No
- 6) Have you been convicted of DUI or DWI or the equivalentⁱⁱ in the past 3 years? If yes list below.
 Yes No

Date of Violation ⁱⁱⁱ	Location	Type of Offense (describe)

- 7) Are you currently in a special-risk, high-risk insurance pool: Yes No
- 8) Have you been in an accident as the driver of a vehicle in the past 3 years? Yes No
 If yes list details on page 2

Date of Accident ^{iv}	Location	Give information relevant to the cause, such as whether you rear-ended another vehicle, were hit by a drunken driver, ran into an obstacle in the road, lost control while speeding, etc. Unless another driver was clearly at fault, indicate if serious injuries resulted.

9) Has your License been suspended in the past 3 years? If yes list below Yes No

You Do Not Need to report suspensions for reasons unrelated to driving, driver safety, alcohol, or drugs, or for suspensions for failure to pay court fines or child support

You Do Need to report failure to pass a mental or physical exam or for failure to stop at the scene of an accident

Date of Suspension ^v	Reason For Suspension (explain)

Compliance with Vehicle Use Policy: (please print legibly)

Applicant name as it appears on Driver License: _____

Driver License number: _____ (Note: legible copy of license needs to be attached)

State/Country: _____ DOB: _____ Cell Phone: _____

Campus Ph. Ext: _____ Position: _____ Department: _____

By signing this document:

I certify the accuracy of the information I have provided, and that I have read and agree to comply with the *Vehicle Use Policy*, including the *Driver Conduct Regulations*. I hereby authorize Hartwick College and/or its insurance representative, One Group Insurance, pursuant to the Driver's Protection Act, to periodically obtain and review my Motor Vehicle Record as needed in order to evaluate my insurability when driving a College owned, rented, or leased vehicle. I understand that this information will be kept confidential and released only to those College representatives charged with overseeing the College's insurance and employment practices.

Driver Signature: _____ Date: _____

Once reviewed, the driver and their supervisor will be notified of the decision via HC email

<p><u>This section to be completed by supervisor only:</u> (please print legibly) Date: _____</p> <p>I have reviewed the above information and authorize the above individual as a driver.</p> <p>Approving Authorization: _____ (please print name) (signature)</p> <p>Position: _____ Department: _____</p> <p>You have authorized, Staff <input type="checkbox"/> Faculty <input type="checkbox"/> to drive for the following department/club/team _____, on the following dates _____ to _____ or, PTE <input type="checkbox"/> (pending termination of employment).</p>
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ⁱ Moving violations include speeding, reckless driving, and other traffic offenses other than parking tickets
ⁱⁱ Different states use different terms for alcohol-related driving offenses, such as "OUT" (operating under the influence)
ⁱⁱⁱ Dates can be approximate, particularly for older incidents. For example, January 2009, "fall 2004" and 1990 or 1991" are acceptable
^{iv} See note iii above
^v See note iii above.

Van Safety Training Info: (Necessary to drive any **van**, as defined in the *Passenger Van Safety Appendix* in the *Vehicle Use Policy*)

Van Safety Training Completed: Yes No Date of Training: _____
 21 yrs of age at time of training: Yes No

FEDERAL DRIVER PRIVACY PROTECTION ACT
Authorization to Obtain Motor Vehicle Record

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to State and Federal regulations of compliance,

I, _____ authorize Hartwick College to obtain my Motor Vehicle Record from OneGroup NY Inc. I understand that this record may contain personal information concerning any/all driver violations and/or accidents which may be on record through the State Department of Motor Vehicles.

I further authorize ANY/ALL additional requests for my Motor Vehicle Record be submitted and reviewed as needed for the sole purpose of my continued evaluation and eligibility standards under State and Federal regulatory compliance requirements, for the purpose of obtaining and maintaining authorization under the Hartwick College Vehicle Use Policy.

Driver's License Number

State of License

Date of Birth

Signature

Date Signed