

Missouri State University Driver Registration Form

Name: _____ (Type or print)

Department/Unit: _____ (Type or print)

Signature: _____ Date: _____

All individuals operating a University-owned or University-leased vehicle must complete this form and have a copy on file in the Office of Safety and Transportation.

I hereby certify the following regarding the operation of University-owned or University-leased vehicles:

- I will operate the vehicle in accordance with Missouri statutes and must observe and obey all traffic laws.
- I will use the vehicle only to conduct University business and acknowledge I may not use the vehicle for personal business or pleasure.
- I am responsible for all traffic violations and the resulting fines or penalties resulting from a violation.
- I am a currently employed full- or part-time faculty or staff member of the University, or I am a student employee whose employment requires operation of a University vehicle.
- I am at least 18 years old.
- I possess a valid driver's license appropriate for the class of vehicle I will operate (e.g., a Class F license for ordinary vehicles, Class E license for individuals hired to drive, and a commercial driver's license for vehicles designed to transport 16 or more passengers), and have attached a photocopy of my current driver's license.
- I have lost no more than 4 points from my driver's license in the last 18 months.
- I certify that my driver's license has not been suspended or revoked in the last 3 years.
- I certify that I currently have and will maintain personal automotive liability insurance and have attached a photocopy of my current "proof of insurance" card to this form.
- I will familiarize myself with the operational and safety features/procedures associated with the vehicle prior to operation.
- I will promptly report any accidents or vehicle damage to my department head and/or supervisor and the Purchasing Office (for insurance purposes).
- I will use a departmental or personal credit card to purchase fuel. (Use of a personal credit card will require subsequent reimbursement via a Travel Expense Form.)
- I will submit a travel expense report to Financial Services to obtain reimbursement for reimbursable expenses.
- I will inspect the assigned vehicle prior to accepting it and acknowledge it is my responsibility to report existing vehicle damages.
- I will abide by the policies and procedures associated with the Office of Safety & Transportation's *Policies and Procedures for University Vehicles* web site at <http://www.missouristate.edu/safetran/7726.htm>

**Please send completed form
(with attached photocopy of driver's license and "proof of insurance" card)
to the Office of Safety and Transportation.**