Vehicle Use Agreement Form

The information you are being asked to provide will be used by the Virginia State University Risk Management Office to determine your qualification to drive vehicles on state business. You are not required by law to provide this information but if you do not do so, you will not be approved to drive vehicles on state business.

The information on this form will be accessible to your supervisor and other system personnel who need the information for their assigned work. Your Driver's License Number will be used to obtain a driver's license record from the Department of Motor Vehicles for each state where you have held a driver's license in the past five years.

The completed form should be returned to the individual designated.

Department/Division: _____ **Dept. Contact**: _____

Drivers Name: Last: _____ **First:** _____ **Middle:** _____

Driver's Phone #: _____ - _____ - _____ (Check: home ☐ work ☐ mobile ☐)

Driver's E-mail: _____(Check: home ☐ work ☐)

Driver's License Number: _____ **Issued by the State of** _____

Driver's Responsibilities:

Driver agrees to:

A. Be familiar with the State's procedures and University's Driver's License and Record Check policy.
B. Maintain an active, valid/appropriate driver's license.
C. Notify the supervisor no later than the beginning of your next shift after losing your driver's license through suspension, revocation, cancellation, disqualification or expiration.
D. Abstain from driving a state vehicle and/or on state-owned or leased property if you do not have an active, valid/appropriate driver's license.
E. Drive responsibly and adhere to all traffic laws.

I acknowledge that I have read and understand the Driver's Responsibilities noted above, and agree to abide by such policies and guidelines.

I AUTHORIZE VIRGINIA STATE UNIVERSITY TO OBTAIN MY DRIVER'S LICENSE RECORD FROM THE COMMONWEALTH OF VIRGINIA WHERE I HAVE HELD A DRIVER'S LICENSE IN THE LAST FIVE (5) YEARS. IF I HAVE AN OUT OF STATE LICENSE, I WILL PROVIDE THE UNIVERSITY A COPY OF MY DRIVER'S LICENSE RECORD FOR THE PAST FIVE (5) YEARS. I ALSO UNDERSTAND THAT MY DRIVER'S LICENSE RECORD WILL BE REVIEWED ANNUALLY IN CONJUNCTION WITH THIS VEHICLE USE AGREEMENT.

I agree to update this Agreement in the event of a change to any of the data supplied above. I also agree to inform my supervisor in the event of license revocation, restriction, or suspension.

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Applicant's Signature & Date