

OREGON STATE UNIVERSITY DRIVERS AUTHORIZATION
PLEASE FILL OUT COMPLETELY AND CLEARLY
FORWARD THE ORIGINAL TO OSU MOTOR POOL
RETAIN A COPY IN THE DEPARTMENT AND IN THE EMPLOYEE FILE

Check One: FACULTY _____ STAFF _____ STUDENT _____ VOLUNTEER _____ OUTSIDE AGENCY _____

1. Last Name _____ First Name _____ M.I. _____
2. OSU ID No. _____ Operator's Date of Birth _____
3. Driver's License No. _____ Expiration Date _____ State of Issue _____
4. Work phone # _____ E-Mail _____
5. Authorizing Department or Agency _____
6. Department/Agency Address _____
7. Driver/Dept Information Contact Person _____ Phone# _____
8. Banner Index Information Contact Person _____ Phone# _____
9. SAIF Drivers Training Course Completed? Yes _____ No _____ Date _____
10. 12 Passenger Van Safety Training Course Completed? Yes _____ No** _____ Date _____
**IF NO, you may NOT operate a 12 Passenger Van

FACULTY AND STAFF ARE AUTHORIZED UNTIL DRIVER LICENSE EXPIRES OR IS SUSPENDED.

ADDITIONAL INFORMATION NEEDED FOR STUDENTS AND VOLUNTEERS

11. Date Authorized from _____ Date Authorized to _____ (Up to one year only)
12. Project Leader/Supervisor _____ Phone # _____
13. Purpose of Trip(s): _____ General department business _____ Other, Specify _____

Any person operating a state vehicle **MUST** meet Minimum Driver Requirements and Voluntary and Compulsory Driver Standards in OAR 125-155-0100-0200 as summarized below:

1. Be 18 years or older.
2. Hold a valid and current driver license.
3. Have NO major traffic offense within the last 24 months. This includes reckless driving, DUI, failing to perform the duties of a driver, driving while suspended, eluding a police officer, felony or misdemeanor driver license revocation or suspension of driving privileges within the last 24 months.
4. Have NO more than three moving traffic violations within the last 12 months.
5. Have NO careless driving convictions within the last 12 months.
6. Have NO Class A moving traffic infractions within the last 12 months.

As the driver, I certify that I meet the above driver requirements and standards and should I fail to meet these requirements and standards at ANY time during my authorization period, I will notify my authorizing department and/or supervisor immediately. I am familiar with the Policies and Procedures governing the use of State vehicles as outlined in OAR 125-155. I hereby authorize OSU to verify my license and driving records.

Driver's Signature: _____ Today's Date: _____

I HEREBY AUTHORIZE THE ABOVE PERSON to operate a State vehicle in accordance with Oregon State Law, State Vehicle Use Rules and Oregon State University Policies and Regulations.

Signature of Dean/Director/Dept Chair or Designee: _____ Date: _____

Typed or printed name of signer: _____

Please return Driver Authorization Form to:

Motor Pool
100 Transportation Svcs. Bldg.
West Campus Way
Corvallis, OR 97331-2802
Phone (541) 737-4141 - Fax (541) 737-7093

For Questions regarding State Vehicle Use, contact:

Office of Risk Management
644 SW 13th St.
Corvallis, OR 97333
<http://risk.oregonstate.edu>
Phone (541) 737-7252 - Fax (541) 737-5546