



Driver Safety Program-Authorization to Drive on University Business Application

Please complete sections below. Submit completed forms to EHS, ADM 260 in sealed confidential envelope or by fax to 415-338-0597. For your security, please do not e-mail. Questions, contact EHS staff, 415-338-2565.

Full Legal Name

SFSU ID

E-mail

Phone

Department

Driver's License Number

State/Expiration Date

Job Classification

Faculty

Staff

Grad Teaching Assistant

Student Assistant

Work-Study

Volunteer

Is this a renewal?

Yes

No

Are you driving your personal vehicle for University business?

Yes

No

Do you drive a campus owned vehicle?

Yes

No

By signing below, I certify, understand, and agree to the following: I certify that I am in possession of a valid driver's license; I understand operation of any vehicle on University business will be in compliance with applicable laws, policies, regulations and Driver Safety Program requirements; I understand employees or volunteers driving for University business will have no more than 3 Violation Points in a 12 month period or no more than 5 in an 18 month period; I authorize EHS to enroll me in the California Department of Motor vehicles Employee Pull Notice Program; I agree to immediately report any accident to my Department Administrator and file a completed Report of Vehicle Accident STD 270 within 48 hours; I agree to obtain separate authorization to use my personal vehicle on University business (STD 261); I understand should I get into an accident, the insurance policy covering the privately owned vehicle will respond to the accident - SF State will not provide primary insurance coverage.

Employee Signature

Internal Use Only

Date Received _____

Spreadsheet _____

PS _____

Skillport _____

DMV Pull Date _____

Training Date _____