



Driver Safety Program-Authorization to Drive on University Business Application

Please complete sections below. Submit completed forms to ERM, ADM 260 in sealed confidential envelope or by fax to 415-338-0597. For your security, please do not e-mail. Questions, contact ERM 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	Do you drive campus owned vehicle?	Yes
	No		No

Are you driving your personal vehicle for University business?	Yes	Do you drive a power cart?	Yes
	No		No

Are you driving a passenger van?	Yes	Are you renting a car for university business?	Yes
	No		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 _____
Skillport _____

Spreadsheet _____
DMV Pull Date _____
Cart Training _____

PS _____
Training Date _____
Van _____