



DRIVER INFORMATION (PLEASE PRINT CLEARLY)

Last Name First Name MI

Phone E-mail

Date of Birth Driver's License Number Expiration Date Restriction

Driver listed above is [] Faculty [] Staff [] Student [] Other

Purpose of Vehicle Use (Field work, Class trip, Class or Professor associated with use)

READ BEFORE SIGNING

I certify that:

- Vehicle use is restricted to University business.
I am duly licensed to operate motor vehicles in the State of Florida, and will comply with all applicable state and local laws and University Policies.
I understand that any and all fees or fines (including attorney fees) resulting from violation of motor vehicle regulations and Transportation and Parking violations while operating University vehicles are my sole responsibility.
I agree to report revocation, forfeiture, and/or suspension of my driver's license immediately to my department.
I agree that I will not allow a non-University employee or student to drive a vehicle while it is checked out to me.
I understand that the University assumes no responsibility for personal property of the driver / occupants of a University vehicle.
I understand that vehicles should not be operated with any defect that would prevent safe operation. I will report any defect immediately to the unit vehicle contact person.
I agree to return the vehicle (and all accessories) to its official location at or before the agreed upon time.
I have received and read a copy of the COS/Department Vehicle Policy and agree to abide by the rules within. I also understand that negligent or irresponsible use of the vehicle or failure to comply with vehicle rules and regulations will result in the loss of my driving privileges.

Driver Signature Date

AUTHORIZATION

If Student, Supervising Faculty / Staff Signature Date Phone

Vehicle Contact Person Signature Date Phone