



**REGISTRATION OF PERSONAL VEHICLE FOR
OFFICIAL TRAVEL FOR THE UNIVERSITY OF IDAHO**

Name of person using a personal vehicle (please print) _____

Driver of Vehicle: Birthday: _____

Driver's License: State: _____
 Number: _____
 Date Expires: _____

Vehicle: Year/Make/Model: _____

 License Number: _____

 Owner: _____

Vehicle Company: _____

Insurance Policy Number _____

Amount of Insurance: Liability \$ _____
[Please list only if Property \$ _____
amounts are different Damage _____
from legal limits] Medical \$ _____

Travel to be performed for the Department of: _____

Dates of Travel:

(This registration may be in effect for an entire semester or academic year by indicating here)

Purpose of Travel:

I hereby certify that I am 18 year of age, that I currently hold a valid driver's license, that I have not been convicted of a major traffic violation within the past 12 months, that as long as I use my vehicle for University business, I will keep the above insurance (or equivalent) in force, that all of the above statements are true. I am aware that in case of an accident, my vehicle insurance is primary.

Signature

Date