UNIVERSITY OF IDAHO – VEHICLE USE AGREEMENT

Name of driver (PRINT):		**Driver's license number:**	
Vandal card number:		**State issuing license:**	
Phone number:			
Email:			
Department or unit:			
Department / unit phone:			

As a driver of a university vehicle owned, rented or leased for official University business and/or student activities, I understand that the ability to drive a university vehicle is based on my safety as a driver, and is a revocable privilege. I agree to abide by all University policies and procedures. **I certify I comply with the information shown below**:

I am a qualified university driver

- ✓ I have a valid US driver's license
- ✓ I am 18 years old, or 21 years old if driving a vehicle that holds more than 8 passengers
- ✓ I have taken driver's training approved by Environmental Health & Safety within the past 5 years.
- ✓ I will immediately report to my supervisor any change in my driving license record that places me outside the University's driving qualifications. This applies to my license record, and may involve any vehicle I operate personally or for the university. Changes include but are not limited to:
  - License record with 6 or more points within the past 12 months; 9 or more points within the past 24 months, or 12 or more points within the past 36 months; or
  - Having my license suspended or revoked within the past 3 years; or
  - Being convicted for an alcohol or drug-related offense while driving any vehicle (whether or not titled to the university) within the past 2 years or being convicted for these offenses more than once.
- ✓ As a University employee or student, I understand I am subject to all applicable university disciplinary procedures for violations of University policies and procedures.

I allow only permitted use of university vehicles:

- ✓ I permit only qualified university drivers to operate the vehicle.
- ✓ I permit only authorized passengers in the vehicle. Authorized passengers are: UI employees, persons cooperating in UI projects or programs, and students participating in authorized trips.

I operate the vehicle safely:

- ✓ I use a seat belt or other available occupant restraint and require all passengers to also use occupant restraints in accordance with state law, and I do not operate the vehicle unless all occupants are wearing the appropriate restraints.
- ✓ I know and observe all applicable traffic laws, ordinances and regulations.
- ✓ I understand that I may be responsible for all traffic violations and fines resulting from my use of a university vehicle.
- ✓ I do not allow open containers of alcohol in the vehicle or drive under the influence of drugs or alcohol except medications that do not impair my driving ability or cause drowsiness.
- ✓ I do not use a cell phone or text while driving.
- ✓ I do not exceed the speed limit or drive the vehicle at speeds that are unsafe for road conditions.
- ✓ I am well rested. I do not drive more than a total of 8 hours per day, and understand it is recommended that periods of uninterrupted driving not exceed 2 hours, separated by breaks of at least 15 minutes.
- ✓ I do not drive the vehicle "off road" unless it is designed and intended for that use.

I assist with vehicle loss control and accident reports:

- ✓ I turn the vehicle off, remove the keys, and lock the vehicle when it is left unattended.
- ✓ Before leaving the parking area or garage, I inspect the vehicle for safety concerns, checking the tires, wipers, lights and other safety equipment for observable defects. I report any defects immediately to the appropriate authority to determine if the vehicle is safe to operate.
- ✓ I carry a university auto accident claim kit with me. I immediately report all accidents, property damage, or violations to the prescribed authority, to my supervisor, and to university risk management.

SIGNATURES ARE REQUIRED before any use of a vehicle owned, rented or leased to the University of Idaho. The completed Vehicle Use Agreement is valid for three years from the date of administrator's signature.

DRIVER – By signing below, I certify the foregoing is true and correct. I understand that misrepresentations or omissions may be cause for disciplinary action, up to and including dismissal.			
Signature of driver:		**Date of signature:**	
DEPARTMENT OR UNIT ADMINISTRATOR – By signing below, I verify my department qualified this driver and has copies of driver's record, training and signed Vehicle Use Agreement on file at the department level.			
Name of department or unit administrator (PRINT):			
Signature of administrator:		**Date of signature:**	