University of Idaho

Registration of Personal Vehicle for Official University Travel

Name of Person Using a Personal Vehicle:	(Please Print)			
Driver's License:	State Issued:		Date Expires:	
	License Number:		Date of Birth:	
Vehicle Description:	Year/Make/Model:		Registered Owner:	
	License Number:			
Vehicle Insurance:	Company Name:		Liability Limit $	
	Policy Number:		Property Damage Limit $	
	Medical Limit $:			
Travel for the Department / College of:	Purpose of Travel:			
	Dates:		Destination:	

I hereby certify that I am 18 years 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, and that all of the above statements are true. I am aware that in case of an accident, my vehicle insurance is primary.

I understand that by signing below I am taking responsibility for myself and those individuals in my vehicle and agree to uphold the following guidelines:

1. I will strictly observe the legal speed limit throughout the entire activity listed below.
2. I will require all travelers in my vehicle to wear a safety restraint device.
3. I will require my passengers to abstain from any alcoholic or illegal substances both before and during the activity listed below.
4. I will abstain from any alcoholic or illegal substances both before and during the activity listed below.
5. I will observe strict standards of safety while driving my vehicle for the activity listed below.
6. I will not use any electronic devices while operating the vehicle, including but not limited to use of a device for calling, receiving calls or texting.
7. I understand that reimbursement for mileage is subject to the UI policies stated in the Administrative Procedures Manual, Chapter 70 and departmental approval.
8. I release the **State of Idaho, the Regents of the University of Idaho, the University of Idaho, their agents and employees** from any liability as a result of my own negligence.
9. I agree to conduct myself in accordance with all state and local laws applicable to my location at any given time during the activity listed below.

_____ _____

Signature Date

Return to Risk Management in AD 209 or via campus mail at MS 3162