

WESTERN OREGON UNIVERSITY DRIVER AUTHORIZATION FORM

ORIGINALS GO TO PUBLIC SAFETY. PLEASE FILL OUT COMPLETELY AND CLEARLY

In connection with the campus Vehicle Use Policy approved by the President's staff, and to receive approval to drive a state motor pool vehicle, please provide the following information:

***If the driver has a driver's license issued by a state other than Oregon, the driver is responsible for providing a copy of their DMV certified driving record with this form in order to be approved. Public Safety will only process Oregon driving records.

Check One: FACULTY _____ STAFF _____ STUDENT _____ VOLUNTEER _____ OUTSIDE AGENCY _____

Last Name _____ First Name _____ M.I. _____

WOU ID No. _____ Operator's Date of Birth _____

Driver's License No. _____ Expiration Date _____ State of Issue _____

Phone No. _____ E-Mail _____

Authorizing Department or Agency _____

Department/Agency Address _____

Driver/Dept Information Contact Person _____ Phone No. _____

Van Safety Training Course Completed? Yes _____ No** _____ **IF NO, you can NOT transport students in any size van for Western Oregon University or check out a 12-passenger van from Oregon State University (If completed, please provide a copy with this form).

Golf Cart/Utility Vehicle Course Completed? Yes _____ No** _____ **IF NO, you can NOT drive a golf cart or utility vehicle for Western Oregon University (If completed please provide a copy with this form).

FOR STUDENTS AND VOLUNTEERS:

Project Leader/Supervisor/Advisor _____ Phone No. _____

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There is a \$2.00 processing fee to cover the cost of obtaining driving records from the Oregon DMV that will be assessed to department indexes. Drivers will be processed initially when the Driver Authorization form is turned in and will be reprocessed when their driver's license expires. Campus Public Safety will be notified by the DMV if a conviction, accident, or suspension is posted to the driving record of someone authorized to drive. A \$5.00 charge will be assessed to department indexes for generated DMV reports in the case a conviction, accident, or suspension is posted.

Date Authorized from _____ Date Authorized to _____

Index to Charge _____

DRIVERS WILL REMAIN AUTHORIZED TO DRIVE UNTIL AN END DATE IS GIVEN OR DRIVING PRIVILEGES ARE REVOKED. IT IS THE RESPONSIBILITY OF INDIVIDUAL DEPARTMENTS TO PROVIDE AN END DATE OR NOTIFY PUBLIC SAFETY WHEN A DRIVER NO LONGER HAS A NEED TO DRIVE ON WOU BUSINESS OR IS NO LONGER AFFILIATED WITH WOU.

Any person operating a state vehicle MUST meet the *Minimum Driver Requirements and Voluntary and Compulsory Driver Standards* in OAR 125-155-0100-0200 as summarized below:

1. Be 18 years or older.
2. Hold a valid and current driver license.
3. Have NO major traffic offense within the last 24 months. This includes reckless driving, DUI, failing to perform the duties of a driver, driving while suspended, eluding a police officer, felony or misdemeanor driver license revocation or suspension of driving privileges within the last 24 months.

4. Have NO more than three moving traffic violations within the last 12 months.
5. Have NO careless driving convictions within the last 12 months.
6. Have NO Class A moving traffic infractions within the last 12 months.

As the driver, I certify that I meet the above driver requirements and standards and should I fail to meet these requirements and standards at ANY time during my authorization period, I will notify my authorizing department and/or supervisor immediately. I am familiar with the Policies and Procedures governing the use of state vehicles as outlined in OAR 125-155. My signature below authorizes the Public Safety Office to access my driving record.

Driver's Signature _____ Date _____

I HEREBY AUTHORIZE THE ABOVE PERSON to operate a State-owned vehicle in accordance with Oregon State Law and Western Oregon University Policies and Regulations.

Signature of Dean/Director/Dept Chair or Designee _____ Date _____

Typed or printed name of signer _____

Please return Driver Authorization Form to: Western Oregon University Public Safety, 345 N. Monmouth Avenue, Monmouth, OR 97361

Phone: (503) 838-8481 – Fax (503) 838-8100

FOR OFFICE USE ONLY

Date Processed: _____ Processed by: _____

Approved: _____ Denied: _____

Expiration Date: _____ Points: _____

Defensive Driving Course Completed (if required) _____