

Student Authorization to Operate Privately Owned Vehicle for any University-Affiliated Program or Trip

Student Name:	Stude	nt ID#:		
Course/Organization:	Progr	Program/Activity:		
Destination:				
Departure Date/Time:	Return Date/T	Return Date/Time:		
CLE INFORMATION:				
Drivers License #:	State:	Exp. Date:		
Vehicle License #:	Make/Model:	Exp. Date:		
Name of Vehicle's Registered Own	ner:			
Insurance Provider:	Policy	Number:		
List Passengers Traveling in the Ve	ehicle:			

## **CERTIFICATION:**

*I hereby certify* that, whenever I drive a privately owned vehicle to or from a University-affiliated event, I will have a valid driver's license in my possession, all persons in the vehicle will wear safety belts, and the vehicle shall always be:

- 1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage).
- 2. Equipped with safety belts in operational condition.
- 3. To the best of my knowledge, in safe mechanical condition as required by law, and adequate for the work to be performed.

*I further certify* that I have no outstanding warrants. *I further certify* that while using a privately owned vehicle on University-affiliated business, I will report all accidents to the Office of Environmental Health & Safety (818) 677-2079 and form STD. 270 will be completed and filed within 48 hours of the accident.

*I understand* that in the case of an accident my personal vehicle insurance will be the primary coverage.

Student Signature:		Date:
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## **APPROVAL:**

Proof of Insurance has been verified and use of a privately owned vehicle on State business is approved:

Signature	&	Title:	
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