

**AUTHORIZATION TO USE PRIVATELY-OWNED  
VEHICLES ON ASSOCIATED STUDENTS BUSINESS**

**I. CERTIFICATION**

Approval is requested to use a privately owned vehicle to conduct official Associated Students business.

*I hereby certify that, whenever I drive a privately owned vehicle on Associated Student business:*

- I will have a valid driver's license
- I will maintain auto liability insurance with the minimum limits 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.)
- I will have evidence of auto liability insurance in the privately owned vehicle at all times
- The privately owned vehicle will be adequate for the work to be performed
- The privately owned vehicle will be equipped with safety belts in operating condition
- The privately owned vehicle, to the best of my knowledge, will be in safe mechanical condition as required by law
- I understand that the mileage rate I receive is full reimbursement for the cost of operating the privately owned vehicle, including fuel, maintenance, repairs and both auto liability and physical damage insurance
- All accidents will be reported within 48 hours
- Should I get into an accident, I understand that the insurance policy covering the privately owned vehicle will respond to the accident - Associated Students will NOT provide primary insurance coverage**
- I understand that permission to drive a privately owned vehicle on Associated Students business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED

**II. Approval**

*Use of a privately owned vehicle on Associated Students business is approved.*

APPROVING AUTHORITY	TITLE	DATE APPROVED
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**III. Renewal**

*I have reviewed the above certification and approval and certify that the information provided is correct and valid.*

APPROVING AUTHORITY	TITLE	DATE APPROVED
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*I have reviewed the above certification and approval and certify that the information provided is correct and valid.*

APPROVING AUTHORITY	TITLE	DATE APPROVED
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APPROVING AUTHORITY	TITLE	DATE APPROVED
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**This approval must be renewed annually. Supervisor: Remit copy to Administration Office.**