



MINNESOTA STATE VEHICLE USE AGREEMENT

Original Agreement or Update to Existing Agreement

The information you are being asked to provide will be used by Minnesota State personnel to determine your qualification to drive vehicles on college/university business or activities. You are not required by law to provide this information but if you do not do so you will not be approved to drive vehicles on college/university business or activities.

The information on this form will be accessible to your supervisor, state risk management and other system personnel who need the information for their assigned work. Your Driver's License Number will be used to obtain a Motor Vehicle Record Report from the Department of Motor Vehicles for each state where you have held a driver's license in the past five years.

The completed form shall be returned to the individual designated on your campus. Be advised that processing and approval may take 7 to 10 working days. Vehicles may not be driven until you are notified of approval.

State Vehicle Number _____

College/University: _____ **Campus:** _____

Department/Division: _____ **Dept Contact:** _____

Drivers Name: Last: _____ **First:** _____ **Middle:** _____

Driver's Phone #: _____ - _____ - _____ (Circle: home / work / mobile)

Driver's E-mail: _____ (Circle: home or work)

Status: Staff/Faculty Student Other (specify) _____

Age: Younger than 18 18 to 20 21 or over

Drivers License Number: _____ **Issued by the State of** _____

Date of Birth: _____

Driver's License Expiration Date: _____ **Driver's License Class:** _____

Years of US or Canada Driving Experience:

Less than 2 yrs 2 to 5 yrs More than 5 yrs



Drivers' Responsibilities:

Driver agrees to:

1. Complete and sign this Vehicle Use Agreement and consent form for Motor Vehicle Records checks.
2. Have a valid driver's license in their possession at all times.
3. Use the vehicle for official, authorized business only.
4. Operate the vehicle in a safe, controlled and courteous manner, in compliance with all applicable traffic laws and college or university regulations.
5. Never place a vehicle in motion until the driver and all occupants are appropriately wearing safety belts. The driver must also assure that safety belts continue to be worn by all occupants throughout the time the vehicle is in motion.
6. Always remove the keys and lock the vehicle when unattended.
7. Never transport unauthorized passengers or cargo.
8. Never allow an unauthorized person to drive the vehicle.
9. Never drive the vehicle under the influence of ANY alcohol or drugs, including medications which may cause impairment.
10. Inspect the vehicle prior to use for obvious safety concerns and significant damage that may exist to the vehicle. Any unsafe conditions or significant damage must be reported to the appropriate authority. In no event should the driver attempt to operate a vehicle with deficiencies that may make it unsafe to operate.
11. Participate in any required driver safety training.
12. Avoid distractions while driving. Do not engage in eating, smoking, personal grooming, reading, using a laptop, watching DVD players or other distracting activities while driving. Also be aware that radios, CD players and other devices can be distracting and should be limited while driving. Cell phones should never be utilized by the driver when the vehicle is in motion.
13. Drivers are personally responsible for all traffic violations and subsequent fines that may occur while driving vehicles on college/university business.

I acknowledge that I have read and understand the contents of the Fleet Safety Policy and Guidelines for Minnesota State, including the Drivers Responsibilities noted above, and agree to abide by such policies and guidelines.

I AUTHORIZE THE MINNESOTA STATE TO OBTAIN MY MOTOR VEHICLE RECORD (MVR) FROM ANY STATE WHERE I HAVE HELD A DRIVER'S LICENSE IN THE LAST 5 YEARS. I ALSO UNDERSTAND THAT MY MVR WILL BE OBTAINED AND REVIEWED ANNUALLY IN CONJUNCTION WITH THIS VEHICLE USE AGREEMENT.

I agree to update this Agreement in the event of a change to any of the data supplied above. I also agree to inform my supervisor and the Minnesota State Risk Management department in the event of any negative change in the status of my driving record, such as at fault accidents, major violations, multiple minor violations or license revocation, restriction or suspension. I understand that any negative change in the status of my driving record may result in the revocation of the privilege of driving on college/university business and activities.

Applicant's Signature

Date

Dept Contact Signature (as applicable)

Date