

## UW EXTENSION

### FACULTY & STAFF VEHICLE USE AGREEMENT

I acknowledge that I currently hold a valid driver's license. I understand that a copy of the Statewide Fleet Policies and Procedures is available to download and read at: [http://www.doa.state.wi.us/docs\\_view2.asp?docid=3962](http://www.doa.state.wi.us/docs_view2.asp?docid=3962) I understand that it is in my best interest to acquaint myself with these policies. As a condition of my accepting and driving vehicles, I understand that my driver information will be included in a state wide database that is checked monthly.

I agree to inform my supervisor and the Office of Risk Management whenever any negative change in the status of my driving record may occur, such as moving violations, 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 a state-owned vehicle.

**PLEASE NOTE: a completed notary statement and a legible copy of the driver's license is needed for: out-of-state, out-of-country and those having a Wisconsin license less than three years.**

DRIVER'S NAME AS IT APPEARS ON LICENSE (PLEASE PRINT LEGIBLY):	DAYTIME PHONE:
VALID DRIVER'S LICENSE NUMBER:	LICENSING STATE:
UNIT -- DIVISION -- DEPT CODE:  T - _____ - _____	NAME OF DEPARTMENT:
DRIVER'S SIGNATURE:	DATE SIGNED:

This form should be returned to your department when completed for authorized signature.

**Incomplete forms will be returned. Please allow 10 days for processing.** If approved, your name will be added to the database. Before driving or reserving a vehicle, please check this web site:

<http://riskinfo.bussvc.wisc.edu/DrAuth/DriverAuth.aspx>

#### Department Signature: Please review information for clarity

AUTHORIZED DEPARTMENT SIGNATURE:	OFFICE TELEPHONE NUMBER:
EMAIL ADDRESS:	

**Please Keep Original in Personnel File & Send Copies to: UW-Madison Risk Management, 720 University Ave, Madison, WI, 53706 or via fax: 608-262-9082.**

**Also, send a copy to: UWEX Risk Management, 109 Extension Bldg, 432 N. Lake St., Madison, 53706, or FAX 608-263-2595**