



## FACULTY & STAFF VEHICLE USE AGREEMENT

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: [Fleet Driver and Management Policies and Procedures Manual](#). **I understand** that it is required and in my best interest to acquaint myself with these policies.

**I understand** that my driver information will be included in a statewide driver database that is checked monthly. Any negative change in the status of my driving record may result in the revocation of the privilege of driving a state-owned vehicle. **I agree** to inform my supervisor and the Office of Risk Management if there is a change in my driving status.

In addition, **individuals with an out-of-state driver's license**, or, **individuals holding a WI driver's license less than three years, due to previously being licensed in another state**, must provide a copy of their official state-issued driving record/abstract dated within 30 days of requesting driver authorization.

The driving record/abstract must accompany the Notarized Statement of Driving Record form. The notarized statement must list any moving violations and/or describe accidents in the past three years. The form is found at: <http://www.uwex.edu/facilities/vehicle-authorization.html>

This form should be returned to your Department Office when completed for review and signature. **Incomplete forms will not be processed or returned. Please allow 10 days for processing.** If approved, your name is added to the approved driver database. Before driving or reserving a state vehicle, please verify driver is approved in the web site: <http://riskinfo.bussvc.wisc.edu/DrAuth/DriverAuth.aspx>

Driver Name as it appears on license ( <b>PLEASE PRINT LEGIBLY</b> ):		Date of Birth:	
Driver License Number:		Licensing State:	Daytime Phone:
UNIT- DIVISION-DEPT CODE:  T - _____ - _____		UWEX Division/Department:	
Driver's Signature:		Email address:	Date Signed:
<b>Department Signature: Please review information for clarity, sign and date</b> (Contact person below will be notified if driver is denied, approvals are posted in the web site named above)			
Authorized Department: (Print Name Legibly)		Email Address:	Phone Number:
Authorized Department: (Signature)			
<b>Please keep original in Personnel File &amp; email an attached copy to: <a href="mailto:uwexrisk@uwex.edu">uwexrisk@uwex.edu</a> or mail a copy to UWEX Risk Management, 109 Extension Bldg, 432 N. Lake St., Madison, 53706.</b>			