

UW-EXTENSION

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: http://www.doa.state.wi.us/docs_view2.asp?docid=3962 **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, a completed Notarized Statement form is required only for the following cases :

A) Individuals with an Out-of-state driver's licenses. For out-of-state DL, approval is valid for 6 months.

B) Individuals holding a WI driver's license less than 3 years, due to previously being licensed in another state.

The Notarized Statement form is found at:

http://www.uwex.edu/facilities/docs/UWEX%20Notarized%20statement_0909.pdf

The notarized statement must list any moving violations and/or describe accidents in the past 3 years. Also, attach copy of the out-of-state driver's license (**no** need to attach copy of WI DL) if a notarized form is required.

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 will be added to the UW-Madison Risk Management 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 (PLEASE PRINT LEGIBLY):		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:	
Department Signature: Please review information for clarity, sign and date (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)			
Please keep original in Personnel File & send copies to: UW-Madison Risk Management, 21 N. Park St., Suite 6101, (campus Mail) 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			