CALIFORNIA STATE UNIVERSITY, CHICO

Authorization to Drive and Certification

Employees who operate vehicles on University/State business must comply with the following requirements:

1. Complete the CSU approved Defensive Drivers Training Program in the last four year period and agree to re-certify every four years.
2. Complete authorization to enroll in the DMV Employer Pull Notification Program which will:
   • Provide evidence of a valid driver’s license. The license must be the appropriate type for the job and vehicle(s) to be operated.
3. Agree to abide by the CSU Vehicle Use Policy.

In addition:
• If using a private vehicle, employees must submit to their department a completed STD Form 261, Authorization to Use Privately Owned Vehicle on State Business. These forms are kept in the department and updated annually.

I. CERTIFICATION

By signing below I certify that:

I am in possession of a valid California or other State driver’s license. I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three thereof) during the past twelve-month period.

Employee’s Signature: ___________________________  Print Name: ___________________________  Date Signed: ___________________________

Campus email: ___________________________  Defensive Driver Training (DDT) Expiration Date(s): ___________________________  ___________________________  ___________________________  ___________________________  Staff: ___________________________  Student: ___________________________  MPP: ___________________________

II. APPROVAL

By signing below I authorize:

The above named University employee is in compliance with Defensive Driver Training, has signed the certification, and is authorized to operate vehicles on University/State business.

Approving Authority Signature: ___________________________  Title: ___________________________  Date Approved: ___________________________

III. RENEWAL

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

Employee’s Signature: ___________________________  Approving Authority Signature: ___________________________  Date Approved: ___________________________

By signing below I authorize:

The above named University employee is in compliance with Defensive Driver Training, has signed the certification, and is authorized to operate vehicles on University/State business.

Approving Authority Signature: ___________________________  Title: ___________________________  Date Approved: ___________________________

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

Employee’s Signature: ___________________________  Approving Authority Signature: ___________________________  Date Approved: ___________________________

By signing below I authorize:

The above named University employee is in compliance with Defensive Driver Training, has signed the certification, and is authorized to operate vehicles on University/State business.

Approving Authority Signature: ___________________________  Title: ___________________________  Date Approved: ___________________________

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

Employee’s Signature: ___________________________  Approving Authority Signature: ___________________________  Date Approved: ___________________________

By signing below I authorize:

The above named University employee is in compliance with Defensive Driver Training, has signed the certification, and is authorized to operate vehicles on University/State business.

Approving Authority Signature: ___________________________  Title: ___________________________  Date Approved: ___________________________

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

Employee’s Signature: ___________________________  Approving Authority Signature: ___________________________  Date Approved: ___________________________

By signing below I authorize:

The above named University employee is in compliance with Defensive Driver Training, has signed the certification, and is authorized to operate vehicles on University/State business.

Approving Authority Signature: ___________________________  Title: ___________________________  Date Approved: ___________________________

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

Employee’s Signature: ___________________________  Approving Authority Signature: ___________________________  Date Approved: ___________________________

By signing below I authorize:

The above named University employee is in compliance with Defensive Driver Training, has signed the certification, and is authorized to operate vehicles on University/State business.

Approving Authority Signature: ___________________________  Title: ___________________________  Date Approved: ___________________________

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

Employee’s Signature: ___________________________  Approving Authority Signature: ___________________________  Date Approved: ___________________________