

**RETURN THIS COMPLETED FORM TO: CSU, CHICO RESEARCH FOUNDATION  
BUILDING 25, CAMPUS ZIP 0246**

**CSU, CHICO RESEARCH FOUNDATION  
DRIVER CERTIFICATION FOR BUSINESS USE OF VEHICLE(S)**

*I hereby certify that I have read and understand the CSU, Chico Research Foundation Vehicle Use Policy and that whenever I drive Foundation-owned vehicles or a privately owned vehicle on Foundation business that:*

1. I will have a valid driver's license in my possession.
2. I will possess liability insurance for at least the minimum amount prescribed by State Law (\$15,000 for injury or death of 1 person per accident; \$30,000 for injury or death of 2 or more persons per accident; \$5,000 for property damage per accident). Vehicle Code Section 16020 requires all motorists to carry in the vehicle evidence of financial responsibility in effect for the vehicle.
3. The vehicle will be adequate for the work to be performed and in safe operating condition.
4. The vehicle will be equipped with safety belts in operating condition and all passengers will be required to use them.

*I further certify that while using any vehicle for official Foundation business, all accidents will be reported within 24 hours to the Foundation Administrative Office at 530-898-6811. I understand that permission to drive a vehicle on Foundation business is a privilege, which may be suspended or revoked at any time.*

I understand that I must complete the DMV Authorization for Release of Driver Record Information as a condition of driving on Foundation business.

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Insurance Carrier Name: \_\_\_\_\_ Policy Exp. Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Period: \_\_\_\_\_

*I understand that driving a private vehicle on Foundation business without insurance is considered a violation state law and Foundation policy and may be grounds for termination.*

Employee/Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Project Director Use:

Check one:  Volunteer  Employee

I concur with the driving requirements as stated above.

Project Affiliation/Number: \_\_\_\_\_ Project Director Signature: \_\_\_\_\_

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Date rec'd Foundation Administration: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_