

**CHICO STATE  
ENTERPRISES**

DRIVER CERTIFICATION FOR BUSINESS USE OF VEHICLE(S)

Please select one:  New Driver  Insurance Update

I hereby certify that I have read and understand the Chico State Enterprises Vehicle Use Policy and that whenever I drive Chico State Enterprise-owned vehicles or a privately owned vehicle on Chico State Enterprise 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.
5. I understand that the mileage rate I receive is full reimbursement for the cost of operating the privately owned vehicle, including fuel, maintenance, repairs and both auto liability and physical damage insurance.
6. Should I get into an accident, I understand that the insurance policy covering the privately owned vehicle will respond to the accident – Chico State Enterprises will NOT provide primary insurance coverage.
7. I have or will complete in the next 30 days the Defensive Driver Training and provide a certificate of complete to the Chico State Enterprises Office.

I further certify that while using any vehicle for official Chico State Enterprises business, all accidents will be reported within 24 hours to the Chico State Enterprises Office at 530-898-6811. I understand that permission to drive a vehicle on Chico State Enterprises 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 Chico State Enterprises business.

Driver's License Number: \_\_\_\_\_ State: CA (If out-of-state see Vehicle Use Policy) Exp/Renew Date: \_\_\_\_\_

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

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

*I understand that driving a private vehicle on Chico State Enterprises business without insurance is considered a violation of state law and Chico State Enterprises policy and may be grounds for termination. I will submit a new form to the Chico State Enterprises office upon the renewal date of my vehicle insurance.*

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

Employee/Volunteer Email Address: \_\_\_\_\_ CSUC Empl ID: \_\_\_\_\_

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

**Project Director Use:**

Check one:  Volunteer  Employee

I concur with the driving requirements as stated above.

Project Affiliation/Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Project Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name Project Director: \_\_\_\_\_