
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.
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 – the Research Foundation 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 Foundation Administration Office.

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: 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 Foundation business without insurance is considered a violation of state law and Foundation policy and may be grounds for termination. I will submit an Insurance Update Form to the Foundation Administration 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: _____