

VEHICLE USE AGREEMENT/DRIVER'S LICENSE RECORD CHECK

Staff	Faculty	Student	Other _					
Driver Name: _			LC State ID#:					
Department: _				_				
DL State:		_ DL Expiration: _		Request Van Training _				
Note: A copy o	f your current driver	's license is required	. To send securely	visit:				
https://lcsc.leapfile.net Further instructions are attached to this pdf.								

As a driver of a college-owned, rented or leased vehicle, I agree to and certify the following:

- As a driver of a college-owned, rented or leased vehicle, I agree to and certify the following: I have read and understand LC State Policy 4.112, Use of College Owned or Rented Vehicles. I will operate the vehicle in accordance with College policies and procedures and all applicable traffic laws, ordinances, and regulations.
- I have a driver's license that is valid in the United States.
- I am at least 18-years-old and have at least two (2) years licensed driving experience.
- I will use a seat belt or other available occupant restraint and will require all passengers to do the same.
- I understand that I will be responsible for all traffic violations and fines received while using the vehicle.
- I will not permit any unauthorized person to drive the vehicle.
- I will not permit any unauthorized passengers in the vehicle (only LCSC employees, persons cooperating in LCSC projects or programs, and students participating in approved trips are authorized).
- I will not use a cell phone while driving unless it is an approved hands-free device.
- I will not exceed the speed limit or drive the vehicle at speeds that are unsafe for road conditions.
- I will be well-rested and not drive more than a total of ten hours per day and understand it is recommended that periods of uninterrupted driving not exceed two hours, separated by breaks of at least fifteen minutes.
- I will not drive the vehicle "off-road" unless it is designed and intended for that use.
- I will immediately report all accidents, property damage, or violations to the appropriate law enforcement agency, the Vice President for Finance and Administration, Physical Plant, and the Department of Public Safety.
- I will immediately report to my supervisor and the Department of Public Safety any change in my driving record that might count against or disqualify me as an authorized College driver per Policy 4.112.
- At the time the vehicle is returned to the college, I will report any damage or deficiencies noted while the vehicle was in my possession to the department head.

The information in this form is collected for the purpose of verifying an approved driver's eligibility to operate an LC State owned, rented, or leased vehicle. This form is to be kept confidentially in the Department of Public Safety and is valid for three years for LC State faculty and staff and one year for irregular help employees, non-employees, and students.

Approvals and Routing

As a College approved driver, I understand I am subject to all applicable disciplinary procedures for violations of College policies and procedures. By signing below, I certify the foregoing is true and correct and I understand the College may check my driving record at any time, and that misrepresentation or omissions may be cause for disciplinary action, up to and including dismissal.

			<u>Action</u>	
Signatory/Approver	Email	Digital ID Signature	Disapprove	Approve
Driver:				
Supervisor:				
VP/President				
the vehicle by the Presider of a LCSC vehicle is for offi employees may be author authorizations must be app drive vehicles under this se and for purposes of the Ida	nt or a Vice President cial purposes, individ ized to drive LCSC vel proved in writing in a ection are considered aho Tort Claims Act, I	lividuals who are not LCSC employees at. In situations where the President or luals who possess a valid driver's licenshicles. A Vehicle Use Agreement form a dvance by the President or a Vice President or a	a Vice President of the and who are no must be complete ident. Persons aut poses of financial mples of situation	determines use the LCSC d. All such thorized to responsibility s that may be
Office Use Only				
Expiration Date:				
Date Notification Emaile	ed:			