

Stevens Institute of Technology

Vehicle Use Acknowledgement and Agreement

Safe Driving Requirement: I acknowledge and agree that I will operate any vehicle I use on the University's behalf in a safe and responsible manner in compliance with all applicable laws and the terms of any insurance policies maintained by the University. In addition, I agree to follow all applicable rules or requirements established by the University for use of vehicles owned or leased by the University. I understand that I may be subject to University disciplinary procedures for improper use of a vehicle.

I understand that my ability to drive a car owned or leased by Stevens is a privilege, not a right, and may be suspended or terminated in the sole discretion of Stevens.

Physical Condition: I have no physical or mental condition that may impair my ability to drive. If my condition changes such that my ability to drive may be impaired, I shall notify my supervisor immediately.

Motor Vehicle License: I am licensed to drive by the State of _____. I will promptly notify my supervisor if my license is withheld by any police authority, suspended, revoked or expires. I authorize the University or its agents to obtain a copy of my official motor vehicle records in any state and to make this information available to the University's insurance company in connection with my use of a Stevens owned or leased vehicle. I further authorize the University to obtain updates of this information during my employment without additional authorization from me.

Accidents & Traffic Citations While Operating a University Vehicle: I shall report any accident involving a University vehicle or any vehicle in my care for University business immediately to the Stevens Campus Police. In addition and as soon as possible, I will also notify the Office Environmental Health & Safety and Insurance Risk Management at 201-216-8705 and my supervisor. I will complete all University and insurance forms promptly, accurately and completely and cooperate with all Stevens personnel in resolving all insurance, accident, litigation and other matters relating to any vehicle driven by me. I will report any traffic citation or parking ticket I receive while using a University vehicle to my supervisor as soon as practical. I understand that I am personally responsible for any traffic or parking fines that I may incur while driving on University business. I understand that my failure to report any accident, citation or ticket, whether or not I am found to be at fault, may result in disciplinary action by Stevens including termination of my employment and/or revocation of my ability to operate a vehicle owned or leased by the University

I am 21 years of age or older. I have read and fully understand the above Vehicle Use Acknowledgment form.

Print Driver's Full Name	Driver's Signature	Date
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Driver's License Number: _____ State: _____

Important: Please retain the original form in the administrative department file.

To be Completed by the Department

Department Name	Department Admin Name	Email Address
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Faculty: Staff: Student:

Driving is an essential function of driver's job:

Yes: No:

Please forward a copy of the completed form to Insurance Risk Management at IRM@stevens.edu.