THE UNIVERSITY OF SOUTHERN MISSISSIPPI

VEHICLE USE AGREEMENT

Complete Section A OR Section B. Please complete only one section.

Section A.

I DO NOT grant permission to the university to verify my license information and motor vehicle driving record. I understand that refusing to allow the records check makes me ineligible to drive any vehicle, whether privately or university owned, for the fulfillment of The University of Southern Mississippi business.

Employee Name (Please Print): _____   EmplID: _____

Employee Signature: _____   Date Signed: _____

Department: _____

_____
Vehicle Administrator Signature   Date

Section B.

I DO grant permission to the university to verify my license information and motor vehicle driving record and willingly offer the following license information.

Date of Birth _____   License No. _____   State _____

I do truthfully state that I have a valid driver license and that my privilege to drive is not currently under suspension.

One of the following MUST be initialed:

_____ I do truthfully state that in the past year: my license has not been suspended, I have not been convicted of any alcohol related driving violations, nor have I been convicted of any unsafe motor vehicle operations.

_____ I do truthfully state that in the past year I have been issued the following motor vehicle violations (please list):
Type of violation: _____ Location: _____ Date: _____
Type of violation: _____ Location: _____ Date: _____
Type of violation: _____ Location: _____ Date: _____

I understand and agree that my use of any vehicle operated for the fulfillment of The University of Southern Mississippi business will comply with the policies and procedures outlined in the Fleet Management Policies and Procedures. I agree to operate such vehicle in a safe, prudent and lawful manner at all times. Seat belts shall be worn by all vehicle occupants when the vehicle is in motion. (The university Fleet Management Policies and Procedures is available online at www.usm.edu/procurement.)

I understand The University of Southern Mississippi reserves the right to deny me use of university owned vehicles based on the information I have provided when it is in the best interest of safety while using a university owned vehicle.

Employee Name (Please Print): _____   EmplID: _____

Employee Signature: _____   Date Signed: _____

Department: _____

_____
Vehicle Administrator Signature   Date

** Routing: Send completed form in a sealed envelope to University Police Department (UPD).

Upon completion of records check, UPD will return the form and results to Vehicle Administrator.