

**ORIGINALS GO TO PUBLIC SAFETY. DO NOT KEEP COPIES. IF YOU EMAIL OR FAX THIS
SHRED THE ORIGINAL**

**WESTERN OREGON UNIVERSITY DRIVERS AUTHORIZATION
PLEASE FILL OUT COMPLETELY AND CLEARLY**

In connection with the campus Vehicle Use Policy approved by the President's staff, and to receive approval to drive a state motor pool vehicle, please provide the following information.

Check One: FACULTY _____ STAFF _____ STUDENT _____ VOLUNTEER _____ OUTSIDE AGENCY _____

1. Last Name _____ First Name _____ M.I. _____
2. OSU or WOU ID No. _____ Operator's Date of Birth _____
3. Driver's License No. _____ Expiration Date _____ State of Issue _____
4. Work phone # _____ E-Mail _____
5. Authorizing Department or Agency _____
6. Department/Agency Address _____
7. Driver/Dept Information Contact Person _____ Phone# _____
9. Van Safety Training Course Completed? Yes _____ No** _____ **IF NO, you can NOT transport students in any size van for Western Oregon University or check out a 12-passenger van from Oregon State University. (if completed please provide a copy with this form)
10. Golf Cart/Utility Vehicle Course Completed? Yes _____ No** _____ **IF NO, you can NOT drive a golf cart or utility vehicle for Western Oregon University (if completed please provide a copy with this form)

FACULTY AND STAFF ARE AUTHORIZED IF THE MINIMUM DRIVER REQUIREMENTS BELOW ARE MET. WESTERN OREGON UNIVERSITY WILL CHECK DRIVING RECORD ON AN ANNUAL BASIS.

ADDITIONAL INFORMATION NEEDED FOR STUDENTS AND VOLUNTEERS:

10. Date Authorized from _____ Date Authorized to _____ (Up to one year only)
11. Project Leader/Supervisor/Advisor _____ Phone # _____

Any person operating a state vehicle MUST meet *Minimum Driver Requirements and Voluntary and Compulsory Driver Standards* in OAR 125-155-0100-0200 as summarized below:

1. Be 18 years or older.
2. Hold a valid and current driver license.
3. Have NO major traffic offense within the last 24 months. This includes reckless driving, DUI, failing to perform the duties of a driver, driving while suspended, eluding a police officer, felony or misdemeanor driver license revocation or suspension of driving privileges within the last 24 months.
4. Have NO more than three moving traffic violations within the last 12 months.
5. Have NO careless driving convictions within the last 12 months.
6. Have NO Class A moving traffic infractions within the last 12 months.

As the driver, I certify that I meet the above driver requirements and standards and should I fail to meet these requirements and standards at ANY time during my authorization period, I will notify my authorizing department and/or supervisor immediately. I am familiar with the Policies and Procedures governing the use of State vehicles as outlined in OAR 125-155. My signature below authorizes the Public Safety Office to access my driving record.

Driver's Signature: _____ Today's Date: _____

I HEREBY AUTHORIZE THE ABOVE PERSON to operate a State-owned vehicle in accordance with Oregon State Law and Oregon State and/or Western Oregon University Policies and Regulations.

Signature of Dean/Director/Dept Chair or Designee: _____ Date: _____

Typed or printed name of signer: _____

Please return Driver Authorization Form to: Western Oregon University Public Safety, 345 N. Monmouth Avenue, Monmouth, OR 97361
Phone: (503) 838-8481 – Fax (503) 838-8100

FOR OFFICE USE ONLY

Date Processed: _____ Processed by: _____

Approved: _____ Denied _____

Expiration Date: _____ Points: _____

Defensive Driving Course Completed (if required) _____ (Date)