

## Appendix A

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### UNIVERSITY AUTHORIZED DRIVER AGREEMENT

#### University of California, Irvine

This form must be kept in the department and made available for review upon request by EH&S.

1. This section must be completed by all drivers prior to operating University owned or sponsored vehicles.

Department:	
Name of Driver:	
Employee ID #:	
Driver License Verified	<input type="checkbox"/> Has valid California driver license <input type="checkbox"/> Visitor over 18 with valid driver license from home state or country
Type of Vehicle(s) Authorized for Use:	

2. This section must be completed by employees who operate university vehicles on a routine basis where driving is an essential job function.

Enrolled in DMV EPN Program	<input type="checkbox"/> Complete DMV "Authorization For Release Of Driver Record Information" form and send to UCIPD
Date of completion for Defensive Driving Training	

3. All drivers must complete and acknowledge the following:

Defensive Driving means driving to prevent accidents in spite of the actions of others or the presence of adverse driving conditions. Three key elements for successful defensive driving include anticipating hazardous situations, being prepared for the unexpected, and responding proactively to the actions of other drivers, pedestrians, and changing driving/road conditions.

I, \_\_\_\_\_, have read and understand the UC Irvine Defensive Driving Program and will adhere to all the requirements of this program. I have had an opportunity to ask questions regarding this program to EH&S and/or my department supervisor.

- ☐ I will use University vehicles only on University business.
- ☐ I will observe all city and state traffic regulations and assume personal responsibility for any traffic/parking citations.
- ☐ I will report to my supervisor in writing any citations, accidents, or incidents involving University Vehicles and may be personally responsible for penalties incurred for moving and parking violations received when operating such vehicles.
- ☐ I will complete a University Accident Report Form when involved in any accidents or incidents involving University Vehicles.
- ☐ I will report to my supervisor in writing any change in my driver license status.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have verified that this employee/visitor possesses a valid driver license that has not expired

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_