

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

Check One: FACULTY \_\_\_\_\_ STAFF \_\_\_\_\_ STUDENT \_\_\_\_\_ VOLUNTEER \_\_\_\_\_ OUTSIDE AGENCY \_\_\_\_\_

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

2. OSU 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# \_\_\_\_\_

8. Banner Index Information Contact Person \_\_\_\_\_ Phone# \_\_\_\_\_

9. 12 Passenger Van Safety Training Course Completed? Yes \_\_\_\_\_ No\*\* \_\_\_\_\_ \*\*IF NO, you may NOT operate a 12 Passenger Van

FACULTY AND STAFF ARE AUTHORIZED UNTIL DRIVER LICENSE EXPIRES OR IS SUSPENDED.

**ADDITIONAL INFORMATION NEEDED FOR STUDENTS AND VOLUNTEERS**

9. Date Authorized from \_\_\_\_\_ Date Authorized to \_\_\_\_\_ (Up to one year only)

10. Project Leader/Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

11. Purpose of Trip(s): \_\_\_\_\_ General department business \_\_\_\_\_ Other, Specify \_\_\_\_\_

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.

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 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:

Motor Pool  
100 Motor Pool Bldg  
3400 West Campus Way  
Corvallis, OR 97331-2802  
Phone (541) 737-4141—Fax (541) 737-7093