

California State University, Fresno Auxiliary Services Authorization To Use Privately-Owned Vehicles on Auxiliary Business

Approval is requested to use a privately owned vehicle to conduct official Auxiliary Organization business.

I hereby certify that, whenever I drive a privately owned vehicle on Auxiliary business;

I will have a valid driver's license.

I will maintain auto liability insurance with the minimum limits prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage.).

I will have evidence of auto liability insurance in the privately owned vehicle at all times.

The privately owned vehicle will be adequate for the work to be performed.

The privately owned vehicle will be equipped with safety belts in operating condition.

The privately owned vehicle, to the best of my knowledge, will be in a safe mechanical condition as required by law.

I understand that the mileage rate I receive is full reimbursement for the cost of operating the privately owned vehicle, including fuel, maintenance, repairs and both auto liability and physical damage insurance.

All accidents will be reported within 48 hours.

Should I get into an accident, I understand that the insurance policy covering the privately owned vehicle will respond to the accident - the Auxiliary will NOT provide primary insurance coverage.

I understand that permission to drive a privately owned vehicle on Auxiliary business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED

APPROVAL

Use of a privately owned vehicle for Auxiliary Organization business approved.

AUXILIARY HUMAN RESOURCES SIGNATURE	TITLE	DATE APPROVED
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RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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DEFENSIVE DRIVING CERTIFICATION (HR USE ONLY)

DEFENSIVE DRIVING TRAINING STATUS	DEFENSIVE DRIVING EXPIRATION DATE
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