Chaffey College

REQUEST TO OPERATE
DISTRICT VEHICLE AND/OR CART

Completed forms should be sent to nicole.leonard@chaffey.edu for processing. Incomplete forms or forms sent without a driver's license copy will not be processed. Upon DMV clearance and completion of training (if applicable), the driver and supervisor will be notified via email. Questions? Contact Nicole Leonard at (909) 652-6523 or nicole.leonard@chaffey.edu.

REQUEST INFORMATION

Type: ☐NEW Authorization ☐CHANGE Authorization ☐REMOVE Authorization

Use: ☐District Vehicles only – *Requires copy of driver's license and completion of passenger van safety training (if applicable)*

☐District Carts only – *Requires copy of driver's license and completion of cart safety video*

☐District Vehicles and Carts – *Requires copy of driver's license, and completion of applicable training & cart safety video*

DRIVER INFORMATION

Driver Name *(exactly as it appears on driver's license)*: _____
Last Name First Name

Driver's License #_____ State:_____ Date of Birth:_____

Position/Title:_____ Colleague ID:_____

Email Address:_____ Phone: _____

Department:_____ Supervisor:_____

Classification: ☐Classified ☐Faculty/Adjunct ☐Management ☐Professional Expert/Coach
☐Short Term Worker/Apprentice ☐Student Worker ☐Volunteer ☐Other:_____

Will driver need to operate a passenger van? ☐No ☐Yes

Is this authorization for an upcoming event/field trip? ☐No ☐Yes – Date(s) of event:_____

ACKNOWLEDGEMENTS

*By signing below, **DRIVER** acknowledges the following:*

- *I have reviewed the Vehicle Safety Plan and agree to abide by it.*
- *I will be added to the District's Employer Pull Notice (EPN) program with the Department of Motor Vehicles (DMV), which enables Chaffey College to monitor my driving record.*
- *(For Vehicle Authorization) Before operating a District vehicle, I must complete any applicable safe driving training and Risk Management must receive DMV clearance.*
- *(For Cart Authorization) I have reviewed the cart safety video and accept the responsibility for the safe operation of the cart on authorized pathways and parking locations.*

_____ _____ _____
Print Driver's Name Driver's Signature Date

*By signing below, **SUPERVISOR** acknowledges that the department has a need for the individual named above to operate a District vehicle and/or cart. Supervisor also confirms the individual has completed (or will complete, if not yet assigned) the safe driving training and/or viewed the cart safety video, as applicable.*

_____ _____ _____
Print Supervisor's Name Supervisor's Signature Date

RISK MANAGEMENT USE ONLY

Submitted to DMV:_____ Cleared:_____ Training assigned:_____ Completed: _____

Dept Notified:_____ OTDT: _____