

UNIVERSITY OF ARIZONA

Driver Registration and Motor Vehicle Record Check

PRINT ALL INFORMATION EXACTLY AS IT APPEARS ON YOUR DRIVER'S LICENSE

Last Name: _____ **First:** _____ **Middle:** _____

Driver's License #: _____ **State:** ____ **Exp. Date:** ___/___/___ **Date of Birth:** ___/___/___

Driver's Email: _____ **Driver's Phone #:** _____ **License Class:** _____

Department: _____ **Job Title:** _____

Supervisor/Department Contact: _____ **Supervisor Phone #:** _____

Classification: Fac _____ Staff _____ Student _____ Volunt. _____ EID or SID# _____

AUTHORIZATION AND ACKNOWLEDGEMENT OF DRIVER RESPONSIBILITIES

All persons (employees, students, volunteers) who drive any vehicle on University business are required to provide current driver's license information for verification of license status and driving history. I understand the Driver Protection Privacy Act of 1994, amended September 1997, prohibits release of my Motor Vehicle Record (MVR) data for other than bona fide driver selection and supervision activities, as required by Arizona Administrative Code R2-10-207.12. By signing below, I authorize The University of Arizona to obtain my MVR from any state where I have held a driver's license in the last 3 years. I understand that The University of Arizona will consider this information when making decisions regarding my employment at The University of Arizona. In the event of an adverse personnel decision based on MVR information, I understand that I will be provided a copy of the MVR data, and given an opportunity to refute or correct that information.

Furthermore, I understand and agree that driving any vehicle on University of Arizona business imposes certain requirements and responsibilities on all drivers as listed on the reverse side of this form. I agree to abide by these obligations and requirements, and any other laws or policies that may be applicable. I understand that failure to comply with these requirements, and failure to maintain an acceptable or conditional driving record (as defined below), may result in disciplinary action up to and including suspension or revocation of University driving privileges and/or termination of employment.

Signature: _____ **Date:** ___/___/___

Motor Vehicle Record Review Criteria

Moving Violation = 3 points Preventable Accident* = 4 points

ACCEPTABLE 5 or fewer points	CONDITIONAL 6 - 8 points	UNACCEPTABLE 9 or more points
Less than 2 moving violations in the last 3 years	2 moving violations in the last 3 years	3 or more moving violations in the last 3 years
Less than 2 preventable accidents in the last 3 years	2 preventable accidents in the last 3 years ----- 1 moving violation plus 1 preventable accident in the last 3 years	3 or more preventable accidents in the last 3 years ----- Any combination of 3 or more moving violations and preventable accidents in the last 3 years

* Preventability determined by Vehicle Accident Review Committee

UNIVERSITY OF ARIZONA DRIVER RESPONSIBILITIES

When driving any vehicle on University of Arizona business, I agree to each of the following:

- 1) Drive with courtesy and exercise reasonable caution to prevent collisions or other losses.
- 2) Have a valid driver's license in my possession at all times.
- 3) Use University vehicles for authorized, official purposes only.
- 4) Operate vehicles in accordance with all applicable University policies and follow all applicable traffic laws.
- 5) Drive vehicles at lawful speeds that are appropriate to road, loading, and hazard conditions.
- 6) Assume responsibility for any fine or citation received while driving on University business.
- 7) Not transport unauthorized passengers or permit any unauthorized person to drive the vehicle.
- 8) Not operate a vehicle unless all occupants are wearing seatbelts.
- 9) Not drive under the influence of alcohol or drugs, including medications if they can cause me to be impaired.
- 10) Turn the vehicle off, remove the keys, and lock the vehicle when it is left unattended.
- 11) Inspect the vehicle for obvious safety concerns prior to use, report any defects to the appropriate authority, and not operate a vehicle that has deficiencies that make it unsafe to drive.
- 12) Immediately report all accidents or traffic citations to my direct supervisor.
- 13) Immediately advise my direct supervisor of any change in driving status such as license suspension or revocation.
- 14) Immediately advise my direct supervisor of any inability to drive safely and without impairment.
- 15) Participate in driver training as specified by applicable University regulations, and not operate a vehicle on University business if applicable required training has not been completed.

I understand that failure to comply with these requirements, and failure to maintain an acceptable or conditional driving record, may result in disciplinary action up to and including suspension or revocation of University driving privileges and/or termination of employment.

Signature: _____ **Date:** ____/____/____

FORWARD COMPLETE FORM WITH A COPY OF YOUR DRIVER'S LICENSE TO:

RISK MANAGEMENT AND SAFETY

ATTN: FLEET SAFETY OFFICER

PO BOX 210300

TUCSON, AZ 85721-0300

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