

MICHIGAN STATE
UNIVERSITY

EMPLOYEE DRIVER CERTIFICATION

Office of Risk Management & Insurance
Olds Hall
408 W. Circle Drive Rm 113
East Lansing, MI 48824
Phone (517) 355-5022
Fax (517) 432-3854
E-mail: riskmgmt@msu.edu

Please note the following reference regarding Qualifications and Responsibilities of Drivers:
A person driving a University-owned vehicle must have a valid unrestricted U.S. driver's license, with proper class and endorsements listed for the vehicle(s) to be operated and must have a satisfactory driving record. The responsibility for enforcing these requirements rests with the Department Chairperson, or equivalent. (Manual of Business Procedures, Section 35)

This form is intended to assist departments in assuring that employees have a satisfactory driving record. **The form should be completed annually and maintained in the department file.**

REQUIREMENTS

- I have a current, valid U.S. driver's license, which is not suspended, restricted, revoked, expired, cancelled or surrendered.
- I have not had 3 or more convictions for moving violations within the past 36 months.
- I have not been convicted of operating a vehicle while under the influence of alcohol or drugs, leaving the scene of an accident, failure to report an accident, driving with a suspended license or reckless driving within the past 36 months.
- I have never been convicted of obtaining a vehicle unlawfully, possessing a stolen vehicle, or using a vehicle in a crime or in connection with an unlawful act.

CHECK ONE:

- I certify that I **do** meet the above requirements
- I certify that I **do not** meet the above requirements

I understand that Michigan State University regards the facts to which I am certifying as material in its decision to permit me to drive its vehicle, and is relying upon the accuracy and truthfulness of this certification. I further understand and agree that if I provide false or misleading information; my use of the vehicle is prohibited and unauthorized.

I agree to immediately notify my supervisor if my driving record changes and I no longer meet the certification requirements stated above.

I authorize Michigan State University to verify my driving record with any appropriate authority, either now or in the future, and I authorize any government motor vehicle department to release my records at the request of MSU or its designee.

I am aware that providing false or misleading information may be grounds for disciplinary action.

Employee Printed Name: _____

Employee Signature: _____ Date: _____

Driver's License Number: _____

Department: _____

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MICHIGAN DRIVER RECORD REQUEST

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All drivers must have a valid unrestricted U.S. driver's license, with proper class and endorsements listed for the vehicle(s) to be operated and must have a satisfactory driving record. The responsibility for enforcing these requirements rests with the Department Chairperson, or equivalent. Departments can obtain driving records by completing this form and forwarding it to the Office of Risk Management & Insurance. There is no charge for Michigan driving records.

COLLEGE/DEPARTMENT: complete form and forward to the Office of Risk Management & Insurance. Use one form per driver or attach a list of names, driver's license numbers and dates of birth.

DRIVER NAME: _____

MICHIGAN DRIVER'S LICENSE NUMBER: _____

DATE OF BIRTH: _____

DESCRIBE DRIVING ACTIVITY ON BEHALF OF MSU: _____

I AUTHORIZE MICHIGAN STATE UNIVERSITY TO VERIFY MY DRIVING RECORD WITH ANY APPROPRIATE AUTHORITY, EITHER NOW OR IN THE FUTURE, AND I AUTHORIZE ANY GOVERNMENT MOTOR VEHICLE DEPARTMENT TO RELEASE MY RECORDS AT THE REQUEST OF MSU OR ITS DESIGNEE.

DRIVER'S SIGNATURE: _____ Date: _____

PLEASE INDICATE DEPARTMENTAL CONTACT PERSON WITH WHOM RESULTS SHOULD BE REVIEWED:

NAME _____

E-MAIL ADDRESS _____

PHONE _____

AUTHORIZED ADMINISTRATOR'S SIGNATURE: _____ DATE: _____