PACIFIC UNIVERSITY MOTOR POOL
DRIVER'S INFORMATION SHEET
Revised June 2018

Pacific University is required to register the drivers of the University vehicles with our Insurance Carrier. These records of all the approved drivers will be reviewed periodically by the Facilities Office, the Oregon Department of Motor Vehicles, and / or our Insurance Carrier.

PLEASE COMPLETE THE FOLLOWING WITH CURRENT AND ACCURATE INFORMATION. A COPY OF YOUR DRIVER'S LICENSE MUST ACCOMPANY THIS COMPLETED FORM WHEN SUBMITTED TO THE FACILITIES OFFICE. THIS INFORMATION WILL BE HELD CONFIDENTIAL.

NAME OF DRIVER _____

Last Name *First Name* *M.I.*

PACIFIC UNIVERSITY I.D. NUMBER_____ EMAIL ADDRESS_____

_____FACULTY _____STAFF _____STUDENT _____OTHER BIRTH DATE _____/_____/_____

DEPARTMENT / CLUB YOU WILL BE DRIVING FOR _____

PHONE # _____ WORK PHONE #_____

DRIVER LICENSE NUMBER _____ STATE ISSUED _____ EXPIRES _____/_____/_____

PLEASE LIST **ANY CITATIONS** YOU HAVE RECEIVED OR **ACCIDENTS** YOU HAVE BEEN INVOLVED IN DURING THE PAST THREE YEARS (DO NOT LEAVE BLANK, IF NONE, PLEASE WRITE NONE):

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DO YO HAVE ANY PHYSICAL RESTRICTIONS OR LIMITATIONS THAT MAY AFFECT YOUR DRIVING ABILITY (INCLUDING USE OF CORRECTIVE LENSES)? _____YES _____NO

IF YES, PLEASE LIST _____

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* I authorize Pacific University and /or their Insurance Carrier to check my driving record PRIOR to allowing me to drive University vehicles. I understand that any information collected will be used by the Insurance agency or companies for business automobile insurance underwriting purposes and may affect by ability to drive for Pacific University or qualify for employment. A copy of the report may be forwarded to the University and will be available for my review upon request. This authorization is valid for any future driving record inquires for as long as I am associated with the University.
* **I understand that driving a Pacific University owned or rented vehicle is a privilege that can be revoked at any time.**
* I will abide by the University driving policies and will become familiar with the procedures and charges for the motor pool use.
* **I must notify Pacific University if my driver's license is suspended. Failure to notify will result in disciplinary action.**
* State driving laws and speed limits must be obeyed at all times. Oregon has a mandatory seat belt law for all occupants of a motor vehicle. The driver must require all passengers to use seat belts. **No cell phone use or texting allowed by the driver.**
* If you are involved in an accident and there are any injuries, and /or damage to one or both vehicles of **$2500.00 or more**, the driver is required to file an accident report with the Oregon Department of Motor Vehicles within 72 working hours of the time of the accident. ANY ACCIDENT must be reported to our Campus Public Safety so that a report can be filed and on record here at the University.

I HAVE READ AND WILL ABIDE BY ALL THIS INFORMATION. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE.

SIGNATURE_____***DATE***_____