

Authorization to Use Privately Owned Vehicles on District Business

Authorization expires on driver's license expiration date or June 30, 2019, whichever comes first.

I. Certification

Approval is requested to use a privately owned vehicle to conduct official District business for which a full mileage rate allowance will be paid.

I hereby certify that, whenever I drive a privately owned vehicle on District business I will have a **valid California Driver's License** in my possession, all persons in the vehicle will wear safety belts, I will only use hands free wireless devices while operating the vehicle, and the vehicle shall always be:

1. Covered by liability insurance for the prescribed amount:
 - a. \$300,000 combined single limit each accident for bodily injury and property damage;

OR

 - b. \$100,000 each person, \$300,000 each accident for bodily injury and \$50,000 each accident for property damage.
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.
5. Pull Notice to be on file with Transportation Department.

I hereby certify that while using a privately owned vehicle on official District business, all accidents whether my fault or not, will be reported to the Risk Manager (575-6963) within 48 hours.

I understand that students are not to be transported in my personal vehicle.

I understand that permission to drive a privately owned vehicle on District Business may be suspended or revoked at any time. I further understand that should any accident occur while driving a privately owned vehicle on District Business, my insurance will be considered primary.

Driver's License Number

State

Expiration Date

Employee's Signature

Print Name as Shown on License

Date

NOTE: If your driver's license expires prior to June 30, 2019, you must renew this authorization upon receiving a new driver's license expiration date.

II. Immediate Supervisor's Approval

Use of a privately owned vehicle on District business is approved:

Immediate Supervisor's Signature

Supervisor's Name, Title

Date

Distribution of original form: MJC employees return to MJC Facility Office, CC employees return to CC Mail Room, Central Services employees return to the Risk Management Office.