

**THE UNIVERSITY OF CHICAGO
VEHICLE USE ACKNOWLEDGMENT**

SAFE DRIVING REQUIREMENT - I acknowledge that I must operate any vehicle I use on the University's behalf in a safe, responsible manner in compliance with the law. I will follow all applicable rules or requirements. I understand that I am subject to University disciplinary procedures for improper use of a vehicle.

PHYSICAL CONDITION - I have no physical or mental condition that may impair my ability to drive. If my condition changes such that my ability to drive may be impaired, I shall notify my supervisor immediately.

MOTOR VEHICLE LICENSE - I am licensed to drive. I have attached a copy of both sides of my license to this form. I will promptly notify my supervisor if my license is withheld by any police authority, suspended, revoked or expired. I authorize the University or its agents to obtain a copy of my official state motor vehicle record (showing the current status of the license and any traffic convictions). I further authorize the University to make this information available to the University's insurance company. I further authorize the University to obtain updates of this information during my employment without additional authorization.

ACCIDENTS AND TRAFFIC CITATIONS - I shall report any accident involving a University vehicle in my care immediately to the local police (University of Chicago Police if in Hyde Park). As soon as possible, I will notify the Risk Management Department at 773-702-1951 (or call 773-834-1955, pager number 4649 or 9897) and my supervisor. I will complete all state, University and insurance forms promptly, accurately and completely. I will report any traffic citation or parking ticket I receive while using a vehicle on the University's behalf to my supervisor as soon as practical. I understand that I am personally responsible for any traffic or parking fines that I may incur while driving on University business.

I am 18 years of age or older. I have read and fully understand the above Vehicle Use Acknowledgment form.

Print Driver's Full Name	Drivers Signature	Date	
Birth Date	Social Security #	Driver's License Number	State

Important: The original form is to remain in the student/faculty department file. A photocopy of both sides of your driver's license must be attached.

To be Completed by the Student/Faculty/Staff Department

University Department	University Vehicle Administrator	
Student: <input type="checkbox"/>	Faculty: <input type="checkbox"/>	Staff: <input type="checkbox"/>
Driving is an essential function of driver's job:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Please forward a copy of this form to Karen Seawood, Radiation Safety, AMB M031A. To protect the employee information, please place this form in a sealed envelope marked "CONFIDENTIAL".