

## REQUEST TO USE A UNIVERSITY MOTORIZED VEHICLE

### SECTION A: (VEHICLE USE AND AUTHORIZATION DETAILS)

\_\_\_\_\_, Driver's Name required to use a University Vehicle(s)

PRINT FULL NAME

#### Purpose for vehicle use:

#### Area(s) / Territory of Operation: *(List specific areas or regions within BC and those outside of BC)*

**\*Reminder** – If the vehicle is to be **used outside of Prince George** for more than **thirty (30) days** contact the Safety Department a minimum of three (3) days prior to the trip to have the insurance policy appropriately changed.

\*

#### Duration of Use:

**UNBC Personnel:** Authorization is for a maximum of **three (3) years or until expiry of Driver's License**, whichever comes first.

**\*Vehicle Custodian:** The person identified with the Safety Office as having the authority to assign use of the vehicle as well as being responsible for overall vehicle safety, maintenance, and insurance.

**\*UNBC Staff:** UNBC Faculty or Employees other than the Vehicle Custodian

**Students or Other:** Authorization for permission to use a vehicle **cannot exceed the fiscal year end (March 31<sup>st</sup>)** or until expiry of the Driver's License, whichever comes first.

**\*All Persons not formally employed by the University need to complete a volunteer waiver form in order to drive a UNBC fleet vehicle.**

**TERM:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Expiry cannot exceed the terms outlined above)  
mm dd year mm dd year

#### Vehicle Description(s): *Attach separate list if more vehicles need to be identified.*

Plate # (if known)	Vehicle Description (Year, Make, Model)	License Class required to operate the described vehicle (other than Class 5 or 7)	*Vehicle Custodian & Program (for each listed Vehicle)
			Print Name & Program:  Authorized Signature:
			Print Name & Program:  Authorized Signature:
			Print Name & Program:  Authorized Signature:

### SECTION B: (DRIVER DETAILS)

Driver's Name _____	Cell # _____
Position _____	Employee/Student # _____
Mailing Address _____	Driver's License # _____
Postal Code _____	Driver's License Expiry _____ Class _____ <small>(mm/dd/yy)</small>
UNBC Phone # _____	UNBC Email Address _____

**SECTION C: (OPERATOR RESPONSIBILITIES - FOR DRIVER TO COMPLETE)**

All drivers operating University vehicles should be aware that vehicle accidents, regardless if reported to the RCMP, may involve ICBC and in turn impact the driver; their driving record; and/or their personal vehicle insurance. The University cannot assume any responsibility for charges, infractions, or penalties brought against a driver operating a University vehicle. **DRIVER'S WILL BE SOLELY RESPONSIBLE FOR ALL CHARGES, INFRACTIONS, OR PENALTIES.**

I (the driver) \_\_\_\_\_ hereby agree that I am responsible for the following:

**(Read and initial each section):**

<b>1 to 10 - Applicable to All Drivers (UNBC Personnel, Students of Others, including Vehicle Custodians):</b>	
	1. <b>Attach a Photocopy or Scanned copy of the FRONT and BACK of your driver's license.</b>
	2. Ensure that your driver's license is valid and that you will comply with all restrictions listed on your license.
	3. Ensure that you are licensed for the class required to operate the assigned vehicle.
	4. You agree to immediately inform your supervisor and the UNBC Safety Office if your license is suspended or revoked, and you will not operate a UNBC vehicle until such time that your license and authorization is reinstated.
	5. You will observe all traffic and motor vehicle regulations and agree to operate the vehicle in a safe manner.
	6. Cellphones or other similar electronic devices are not to be used while operating the vehicle unless the guidelines for 'Permitted Hands-free communication under the BC Motor Vehicle Act' can be maintained. Note: The hands-free guidelines <b>EXCLUDE Class 7 (GLP) Drivers required to display the "N"</b> .
	7. ALL passengers permitted to travel in a UNBC fleet vehicle must have a designated seat which includes manufacturer issued seat restraints. The Motor Vehicle Act requires all passengers, including the driver, to use restraints when in motion. Passengers are personally responsible for any fines issued by the authorities for failure to wear their seat restraint.
	8. In the event of an accident or incident involving the UNBC vehicle, you agree to contact your supervisor to complete and submit an incident form <b>within 24 hours</b> from the time of the incident/ accident. You further agree to participate in providing additional statements and any other information required to process a claim.
	9. You agree to complete logbook entries to record destination, distance driven, and any other details required by your supervisor.
<b>11 to 12 – Only Applicable to UNBC Personnel, Students &amp; Others (Not applicable to Vehicle Custodians):</b>	
	10. Additional passengers must be UNBC faculty or staff, UNBC students, volunteers or official invited guests of UNBC.
	11. You understand that UNBC vehicle(s) are to be used for UNBC business ONLY.

Drivers Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION D: (STATEMENT OF SUPERVISOR RESPONSIBILITIES AND AUTHORIZATION)**

I AM THE PRINCIPAL INVESTIGATOR/FACULTY MEMBER/SUPERVISOR/MANAGER – *(Supervisor statement not applicable)*

I AM A SUPERVISOR / VEHICLE CUSTODIAN and agree to the following terms:

**Custodian / Supervisor Responsibilities:**

- Custodians and/or Supervisors should ensure drivers under their supervision have read and understood the responsibilities noted above. If there are any questions the Custodian or Supervisor cannot answer, please contact the Safety Office at: (250) 960-5020 or email: [safety@unbc.ca](mailto:safety@unbc.ca)
- Custodians and/or Supervisors must ensure driver(s) are aware of and operating vehicle(s) safely and in accordance to requirements under the Motor Vehicle Act.
- Custodians and/or Supervisors must arrange and keep records of regular vehicle maintenance.
- Supervisors are responsible for reporting all incidents or accidents to the Safety Office within 24 hours of the incident and participating in incident investigations.

Approved By \_\_\_\_\_  
Print Name and Position (Dept Head, Researcher, Thesis Supervisor)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**INSTRUCTIONS:** Complete form, attach a photocopy of the FRONT and BACK of your driver's license and send to the Safety Office by Email: [safety@unbc.ca](mailto:safety@unbc.ca) or by interoffice mail. Custodians or Supervisors should retain a copy for your records.