

Driver Registration and Authorization Form University of Cincinnati

Department Name _____

Last Name _____ First Name _____ MI _____
Date of Birth _____ UC ID Number _____
License Type _____ Driver's License Number _____
State License Expiration Date _____ Restrictions _____
(Ohio license numbers consist of 8 characters & begin with 2 letters.)

The driver listed above is:
Faculty ___ Staff ___ Student ___ Other ___ Please Define _____

License Plate of Vehicle Driven (Enter "Pool" if not assigned a specific vehicle)

___ Restricted to university business use only
___ The department has authorized this driver to operate a university vehicle for non-university business. Attached is the letter from the Vice President or Dean outlining permission.

Commercial Drivers License Holders Only:

If you possess a valid Commercial Driver's License and are *using it for your employment at UC* you are required to complete the following:

Class _____ Endorsements _____

Note: CDL holders are required by law to immediately report all convictions of traffic violations, both personal and professional, to their supervisors.

I hereby certify that:

- I am duly licensed to operate motor vehicles in the State of Ohio, and will comply with all applicable state and local laws and university policies.
- I understand that any and all fees or fines resulting from my violation of any motor vehicle regulations or transportation & parking violations, while operating university vehicles, are my sole responsibility. Further, should I elect to retain my own legal counsel to challenge any such parking, traffic or moving citation, I will be solely responsible for any and all associated costs and attorneys fees that I chose to incur.
- I agree to report the revocation, forfeiture, driving limitation and/or suspension of my driver's license immediately to my department.
- I acknowledge and agree that the university may periodically check my driver's license for validity and violations.
- I understand that the university assumes no responsibility for personal property of the driver and/or occupant of a university vehicle.
- I have successfully completed internet-based "Defensive Driving" training through University of Cincinnati Environmental Health and Safety.
- I have read and understand University Policy 6.3.1, Motor Vehicle Use.

Employee Signature _____ Date _____

Department Contact Information:

Department Contact _____ Phone _____

Department Contact E-mail _____

Department Address _____

Org# _____

Authorized Departmental Signature _____ Date _____ Title _____

IRS regulations require that the university include imputed income on an individual's W-4 for personal use of a university vehicle. All mileage for non-university business use must be reported by the driver to the Office of Human Resources.