

VEHICLE REQUEST/AUTHORIZATION FORM

DATE: _____

DRIVER'S NAME (#1): _____ EMAIL: _____

DRIVER'S NAME (#2): _____ EMAIL: _____

DRIVER'S NAME (#3): _____ EMAIL: _____

DEPARTMENT: _____ PHONE: _____ ACCOUNT: _____

& TYPE VEHICLES NEEDED: # _____ 4 PASS SEDAN # _____ 7 PASS MINIVAN # _____ 12 PASS VAN # _____ 12 PASS CFD VAN

DESTINATION: _____ CITY/STATE: _____

DEPARTURE DATE: _____ TIME: _____ AM/PM RETURN DATE: _____ TIME: _____ AM/PM

REASON FOR TRAVEL: _____

LIST OF PASSENGERS:

DRIVER'S LICENSE MUST BE ON FILE WITH THE PHYSICAL PLANT OFFICE PRIOR TO TRAVEL

I CERTIFY:

- I HAVE A VALID NYS DRIVER'S LICENSE
- THIS TRAVEL IS FOR OFFICIAL STATE BUSINESS
- I HAVE READ THE VEHICLE POLICY AND ACCEPT ALL DRIVER RESPONSIBILITIES AS STATED IN THE VEHICLE POLICY
- THAT I WILL NOTIFY THE APPROPRIATE OFFICE OF ANY PASSENGER CHANGES PRIOR TO LEAVING THE CAMPUS (SEE VEHICLE POLICY FOR SPECIFIC REQUIREMENT)
- I AUTHORIZE SUNY POTSDAM, PHYSICAL PLANT, TO VERIFY MY DRIVER'S LICENSE INFORMATION UTILIZING THE DMV LENS PROGRAM TO DETERMINE MY ELIGIBILITY TO DRIVE A COLLEGE OWNED/LEASED VEHICLE.

DRIVER (#1) CERTIFICATION & AUTHORIZATION SIGNATURE

DRIVER (#2) CERTIFICATION & AUTHORIZATION SIGNATURE

DRIVER (#3) CERTIFICATION & AUTHORIZATION SIGNATURE

SGA OFFICER AUTHORIZATION SIGNATURE (IF APPLICABLE)

DEPARTMENT HEAD/ADVISOR AUTHORIZATION SIGNATURE

DEAN OF STUDENT'S SIGNATURE (IF APPLICABLE)

VICE PRESIDENT SIGNATURE (*FOR OUT OF STATE TRAVEL*)

AFTER SIGNATURES ARE OBTAINED, PLEASE SUBMIT TO PHYSICAL PLANT OFFICE

DATE RECEIVED: _____ INITIALS: _____ AVAILABLE: YES NO

PLATE #: _____ POSTED BY: _____ LICENSE ON FILE: YES NO

EMAIL SENT: _____ CANCELED: _____ PASSENGER LIST: YES NO