

**Oregon Institute of Technology
Driver Certification**

Name: _____ Driver's License Number: _____

State Issuing License: _____ License Expiration Date: _____

Address on License

Local Address

Street: _____ Street: _____

City/State/Zip: _____ City/State/Zip: _____

I, _____, certify that I have not been convicted of a Traffic Crime* during the three years prior to this date. I understand that if convicted of a traffic crime I must report that conviction to the Campus Safety Director within five working days and that my authorization to drive vehicles on OIT approved business subject to this policy may be revoked.

I further certify that I have no physical disabilities which would impair my ability to operate a motor vehicle safely.



1. Have you been found guilty or forfeited bail on any traffic citation involving a Traffic Violation** you have received within the past three years prior to today's date?
___ YES ___ NO (If yes, list all traffic violations from the past 3 years on page 2)

2. While operating a motor vehicle, as defined in ORS 801.360, have you been involved in any accident resulting in property damage or injury to persons within the past three years prior to today's date?
___ YES ___ NO (If yes, list all traffic accidents from the past three years on page 2)



1. **Driver:** I certify that I possess a valid operators license which is current and not under any restrictions, suspensions or revocations.

A photocopy of my license is attached.

Signature: _____ Date: _____

2. **Department Chair/Director/Supervisor:** I have reviewed the statements made herein and I **Recommend/ Do Not Recommend** the person named above be authorized to operate vehicles owned/hired or loaned to the State for OIT approved business, or to operate privately owned vehicles while carrying passengers on OIT approved business.

Signature: _____ Date: _____

3. **Campus Safety Director:** I have reviewed the statements made herein and I **Recommend/ Do Not Recommend** the person named above be authorized to operate vehicles owned/hired or loaned to the State for OIT approved business, or to operate privately owned vehicles while carrying passengers on OIT approved business.

Signature: _____ Date: _____



(Return to Campus Safety)

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* "Traffic Crime" means any traffic offense that is punishable by a jail sentence. Examples include but are not limited to; Driving Under the Influence of Intoxicants, Driving While Suspended or Revoked and Reckless Driving.

** "Traffic Violation" is any traffic offense that is defined as a violation and is punishable by a fine.
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Traffic Violations (List all within the past three years)

| <u>Offense</u> | <u>Location (City/State)</u> | <u>Date</u> |
|----------------|------------------------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Traffic Accidents (Resulting in Property Damage and/or Personal Injury within the past 3 years)

| <u>Location (City/State)</u> | <u>Date</u> |
|------------------------------|-------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Oregon Institute of Technology

**Vehicle Safety, Operation and Maintenance Policy
Privately Owned Vehicle Use
Driver's Waiver of Liability**

Travel on institution approved business in private vehicles owned or used by an employee/driver or student/driver will be authorized only in accordance with Executive Department rules and upon the condition that the driver waive any and all liability that may accrue to the Board of Higher Education because of the driver's failure to abide by vehicular safety, operation and maintenance rules required under OAR 580-40-30.

I, (print full name) _____, agree to abide by the vehicular safety, operation and maintenance rules required by the OIT Vehicular Safety, Operation and Maintenance Policy while using my privately owned vehicle(s) for travel on institution approved business.

I expressly waive any and all liability, which may accrue to the Board of Higher Education resulting from my failure to abide by these rules.

Signature: _____ Date: _____