

## 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.

**\*Persons not 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 of being reported to the RCMP, may involve ICBC. In some cases this may impact the driver's personal driving record and/or personal vehicle insurance. The University cannot assume any responsibility for imposed charges, infractions, or penalties against a driver while operating a University vehicle. **THE DRIVER 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 with the class required for the vehicle you are operating.
	4. You will 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 permission is reinstated.
	5. You will ensure the safe operation of the vehicle(s) at all times.
	6. You will observe all traffic and motor vehicle regulations.
	7. You will at no time use a cellphone or any other similar electronic device while the vehicle is in motion unless following the guidelines for 'Permitted Hands-free communication under the BC Motor Vehicle Act'. The above hands-free permission under the act <b>EXCLUDES any Class 7 (GLP) Drivers "N"</b>
	8. You will ensure that ALL passengers permitted to travel in a UNBC vehicle will do so only providing that each have a designated seat which includes manufacturer issued seat restraints. Restraints are to be used by all passengers including the driver in compliance with the Motor Vehicle Act. Passengers are personally responsible for any fines issued by the authorities for failure to wear their seat restraint.
	9. In the event of an accident or incident involving the UNBC vehicle you will contact your supervisor to complete an incident form which is to be submitted <b>within 24 hours</b> of the time of the incident or accident. You will participate in providing a statement or any other details as required for processing of a claim.
	10. You will complete logbook entries to record destination, distance driven, and any other details required by your supervisor (not applicable for all custodians)
<b>11 to 12 – Only Applicable to UNBC Personnel, Students &amp; Others (Not applicable to Vehicle Custodians):</b>	
	11. Additional passengers must be employees, students on UNBC business, volunteers or official guests of UNBC.
	12. You understand that UNBC vehicle(s) will 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 record and arrange 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.