**Berea College Motor Pool**

**Driver’s Information Sheet**

Berea College is required to register drivers of the College vehicles (motor pool and assigned) for insurance purposes. In addition to registering to drive College vehicles, all approved drivers will have their driving records reviewed annually.

**Please complete the following with current and accurate information. Personal information will be held confidential except for inquiries made to obtain driving records as authorized herein.**

NAME OF DRIVER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name M.I.

BEREA COLLEGE I.D. NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ FACULTY \_\_\_\_ STAFF \_\_\_\_ STUDENT \_\_\_\_ OTHER BIRTH DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

DEPARTMENT YOU WILL BE DRIVING FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPT. CPO \_\_\_\_\_\_\_\_\_ PHONE # \_\_\_\_\_\_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE ISSUED \_\_\_\_\_\_\_ EXPIRES \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE LIST **ALL TRAFFIC CITATIONS** YOU HAVE RECEIVED OR **MOTOR VEHICLES** **ACCIDENTS** IN WHICH YOU HAVE BEEN INVOLVED DURING THE PAST **THREE** YEARS (DO NOT LEAVE BLANK, IF NONE. PLEASE WRITE NONE):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE ANY PHYSICAL RESTRICTIONS OR LIMITATIONS THAT MAY AFFECT YOUR DRIVING ABILITY (INCLUDING USE OF CORRECTIVE LENSES AND/OR USE OF CERTAIN MEDICATIONS)? \_\_\_\_ YES \_\_\_\_ NO

IF YES, PLEASE LIST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**…………………………………………………………………………………………………………………………………………………………..**

I authorize Berea College and/or its Insurance carrier to check my driving record PRIOR to allowing me to drive Motor Pool or Program vehicles. I understand that any information collected will be used by the insurance company for business automobile insurance underwriting purposes and may affect whether I am permitted to drive Berea College motor vehicles or qualify for employment positions requiring assignment of a vehicle. A copy of the report on my driving record will be available for my review upon request. This authorization is valid for future driving record inquiries for as long as I am associated with the College.

**I understand that driving a Berea College owned or rented vehicle is a privilege. Once granted, it can be revoked at any time.**

I will abide by the College’s driving policies and will become familiar with the procedures and charges for the motor vehicle use.

**I must notify Berea College of any moving violations and if my driver’s license is revoked or suspended. Failure to notify the College will result in disciplinary action.**

I am responsible personally for all traffic and parking citations associated with my use of a Berea College owned or rented vehicle. Berea College requires seat belts to be used by all occupants of a motor vehicle. **The driver must require all passengers to use seat belts. No hand held use of cell phone or texting allowed by the driver.**

If you are involved in an accident and there are any injuries, and/or damage to one or both vehicles, the driver is required to file an accident report with the police immediately. **ALL ACCIDENTS** must be reported to Public Safety within 24 hours so that a report can be filed and on record here at the College.

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE. I AGREE TO UPDATE THIS INFORMATION IF THERE ARE ANY CHANGES IN MY DRIVING RECORD OR PHYSICAL CONDITION.**

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_