



USG Off-Campus Trip Driver Form

Revised August 2012

	What kind of transportation will you use to arrive at your off-campus trip destination?	
	Rental Car	Personal Car

Required Information for Rental and Personal Cars

Name (please print):	
Driver's License State:	
Driver's License #:	
Car Model (personal car only):	
Car Year (personal car only):	
Car License Plate Number (personal car only):	
Auto Insurance Company Name:	
Insurance Policy Number:	
Insurance Policy Effective Date:	
Insurance Policy Expiration Date:	
SIGNATURE:	

LENS Program Checklist

(FOR OFFICE USE ONLY)

LENS Check performed by:

Print Name

Signature

LENS Check performed on:

Date

LENS Check Results (Please check one)

ACCEPTABLE (5 or few points)

- Less than 2 moving violations in the last 3 years **OR**
- Less than 2 preventable accidents in the last 3 years

CONDITIONAL (6-8 points)

- 2 moving violations in the last 3 years **OR**
- 2 preventable accidents in the last 3 years **OR**
- 1 moving violation plus 1 preventable accident in the last 3 years

UNACCEPTABLE (9 or More Points)

- **3 or more moving violations in the last 3 years**
- **3 or more preventable accidents in the last 3 years **OR****
- Any combination of 3 or more moving violation and preventable accident in the last 3 years

Request for Driver Registration and Motor Vehicle Record Check

PRINT ALL INFORMATION EXACTLY AS IT APPEARS ON YOUR DRIVER'S LICENSE

(Each driver must complete one)

Last Name: _____ **First:** _____ **Middle:** _____

Driver's License #: _____ **State:** _____ **Exp. Date:** ____/____/____ **Date of Birth:** ____/____/____

Driver's Email: _____ **Driver's Phone #:** _____ **License Class:** _____

Club Name: _____

Program Advisor Name: _____ **Program Advisor Phone #:** _____

AUTHORIZATION AND ACKNOWLEDGEMENT OF DRIVER RESPONSIBILITIES

All persons (employees, students, volunteers) who drive any vehicle on an Undergraduate Student Government (USG) funded off campus trip are required to provide current driver's license information for verification of license status and driving history. I understand the Driver Protection Privacy Act of 1994, amended 9/97, prohibits the release of my MVR data for other than bona fide driver selection and supervision activities. By signing below, I hereby authorize Stony Brook University and Undergraduate Student Government to obtain my Motor Vehicle Record (MVR) from any state where I have held a driver's license in the last 3 years. I understand that Stony Brook University and Undergraduate Student Government will consider this information when making decisions regarding my use of a vehicle for Stony Brook University and Undergraduate Student Government.

Furthermore, I understand and agree that driving any vehicle on Stony Brook University and USG business imposes certain requirements and responsibilities on all drivers as listed on the reverse side of this form. I agree to abide by the obligations and requirements listed herein, and any other laws or policies that may be applicable. I understand that failure to comply with these requirements, and failure to maintain an acceptable or conditional driving record (as defined below), may result in disciplinary action up to and including suspension or revocation of driving privileges for USG funded off campus trips. .

Signature: _____ **Date:** ____/____/____

Motor Vehicle Record Review Criteria

Moving Violation = 3 points Preventable Accident* = 4 points

ACCEPTABLE 5 or fewer points	CONDITIONAL 6 - 8 points	UNACCEPTABLE 9 or more points
Less than 2 moving violations in the last 3 years	2 moving violations in the last 3 years	3 or more moving violations in the last 3 years
Less than 2 preventable accidents in the last 3 years	2 preventable accidents in the last 3 years ----- 1 moving violation plus 1 preventable accident in the last 3 years	3 or more preventable accidents in the last 3 years ----- Any combination of 3 or more moving violations and preventable accidents in the last 3 years

DRIVER RESPONSIBILITIES

When driving any vehicle on USG funded off campus trips, I agree to (please initial):

- _____ 1. Drive with courtesy and exercise reasonable caution to prevent collisions or other losses.
- _____ 2. Have a valid driver's license in my possession at all times.
- _____ 3. If using a rental vehicle, use it for authorized, official purposes only.
- _____ 4. Operate vehicles in accordance with all applicable University and USG regulations and observe all applicable traffic laws.
- _____ 5. Drive vehicles at controlled speeds that are appropriate to road, loading, and hazard conditions.
- _____ 6. Assume responsibility for any fine or citation received while driving on USG funded off campus trips.
- _____ 7. Not transport unauthorized passengers or permit any unauthorized person to drive the vehicle.
- _____ 8. Not operate a vehicle unless all occupants are wearing seatbelts.
- _____ 9. Not drive under the influence of alcohol or drugs, including medications if they cause impairment.
- _____ 10. Turn the vehicle off, remove the keys, and lock the vehicle when it is left unattended.
- _____ 11. Inspect the vehicle for obvious safety concerns prior to use, report any defects to the appropriate authority, and not operate a vehicle that has deficiencies that make it unsafe to drive.
- _____ 12. Immediately report all accidents or traffic citations to a program advisor and appropriate authority.
- _____ 13. Immediately advise a program advisor or other appropriate authority of any change in driving status such as license suspension or revocation, or medical condition that interferes with driving.
- _____ 14. I understand that if injury or property damage occurs as a result of an accident, I will have to look first to my own personal automobile liability insurance for liability coverage.

I understand that failure to comply with these requirements, and failure to maintain an acceptable or conditional driving record, may result in disciplinary action up to and including suspension or revocation of University and USG driving privileges.

Signature: _____ **Date:** ____/____/____

**PLEASE ATTATCH A COPY OF YOUR DRIVERS LICENSE
AND AUTO INSURANCE DECLARATIONS THAT STATES THAT YOU HAVE AT
LEAST \$300,000.00 SINGLE LIMIT COVERAGE PAGE TO THIS FORM**