

STATE VEHICLE DRIVER PROGRAM

Enrollment Form

This form does not register an employee for driver training classes, but in essence registers the employee for the University State Vehicle Driver Program. Please provide your official name as it appears on your California Drivers License. If you are commonly known by another name, please include it in (). This form is to be completed in its entirety with signature and date and returned to the Risk Management Office.

- Name: _____
- Valid California Driver License#: _____
- Department Affiliation & Campus Extension: _____

- Are you a (check one): State Employee ; Student Assistant ;
Volunteer Employee (If you do not have a campus email address please list a personal
email address here): _____
- Have you attended a State approved Defensive Driving course
within the last 4 years? Yes No
*A person who drives no more often than once per month need not complete a
defensive driving course; please check here if this applies to you.*
- Do you ever drive your private vehicle on state business?
Yes No If yes, please submit STD 261
<http://www.documents.dgs.ca.gov/osp/pdf/std261.pdf> "Authorization to Use Privately
Owned Vehicle on State Business" **and Proof of Vehicle Insurance (I
understand that my private vehicle insurance is primary in the event of an
accident)** to Risk Management Office at Administration 301 or mail code:
8570-05.

Please read and sign below: "I am in possession of a valid California or other state driver's license. I certify that I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three thereof) during the past twelve month period."

Signed

Dated

Risk Management Office ext.: (323) 343-3534 Fax: (323) 343-3464