Name of Person Using a Personal Vehicle:	(Please Print)			
Driver's License:	State Issued:		Date Expires:	
	License Number:		Date of Birth:	
Vehicle Description:	Year/Make/Model:		Registered Owner:	
	License Number:			
Vehicle Insurance:	Company Name:		Liability Limit $	
	Policy Number:		Property Damage Limit $	
	Medical Limit $:			
Travel for the Department / College of:	Purpose of Travel:			
	Dates:		Destination:	

I hereby certify that I am 18 years of age, that I currently hold a valid driver's license, that I have not been convicted of a major traffic violation within the past 12 months, that as long as I use my vehicle for University business, I will keep the above insurance (or equivalent) in force, and that all of the above statements are true. I am aware that in case of an accident, my vehicle insurance is primary.

I understand that by signing below I am taking responsibility for myself and those individuals in my vehicle and agree to uphold the following guidelines: