For University Police Department Use Only

Valid Driver License: ___ Yes ___ No

Driving History: ___ Clear ___ Other

Records Check Ran By: _____

Records Check Run Date: _____

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

VEHICLE USE AGREEMENT

Complete Section A OR Section B. Please complete only one section.

Section A.

I DO NOT grant permission to the university to verify my license information and motor vehicle driving record. I understand that refusing to allow the records check makes me ineligible to drive any vehicle, whether privately or university owned, for the fulfillment of The University of Southern Mississippi business.

Employee Name (Please Print): _____ EmplID: _____

Employee Signature: _____ Date Signed: _____

Department: _____ _____

Vehicle Administrator DS

b

alcohol related driving violations, nor have I been convicted of ar

_____

_____ I do truthfully state that in the past year I have been issued the following motor vehicle violations (please list):

Type of violation:_____ Location: _____ Date: _____

Type of violation:_____ Location: _____ Date: _____

Type of violation: _____ Location: _____ Date: _____

I understand and agree that my use of any vehicle operated for the fulfillment of The University of Southern Mississippi business will comply with the policies and procedures outlined in the Fleet M

Employee Signa

_____ Date Signed: _____

Department: _____ _____

Vehicle Administrator Signature Date

** Routing: Send completed form in a sealed envelope to University Police Department (UPD).

Upon completion of records check, UPD will return the form and results to Vehicle Administrator.