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3.471:02 Requirements for Drivers of Antioch University Vehicles

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***Requirements for Drivers of Antioch University Vehicles and
Employees who Rent Cars for Business Travel and Employees Who Drive Their
Personal Vehicle for University Business***

The purpose of this document is to provide a list of limitations and restrictions for drivers of Antioch University vehicles and employees who rent a car for business travel, and employees who drive their personal vehicle for University business as required by the University's insurance company. The following regulations apply to anyone requesting to drive an Antioch University owned, leased or rented* vehicle, or their own personal vehicle for University travel. The Vice Chancellor/CFO, or his designate, will be responsible for certifying drivers based on the following:

* Note: rented vehicle includes a car rented by an employee while traveling on Antioch University business.

1. No person under twenty-one (21) years of age will be certified.
2. To be certified, a person must have a valid United States of America driver's license. A copy will be kept on file in the campus Finance office under guidelines established by the campus CFO. **PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE WITH THIS FORM.**
3. No person with more than two violations with at fault accidents within a three-year (3) period will be permitted to operate an Antioch University owned, leased, or rented* vehicle.
4. All persons requesting certification to drive Antioch University vehicles, employees who rent a car for business travel, or employees who use their personal vehicle for University travel must complete a Drivers Information Form that will be verified by the DMV by the University's H/R department. Verification can be obtained in 48-72 hours.
5. Driver certifications will expire at the end of twelve (12) months or upon revocation by the Vice Chancellor/CFO or his/her designee.
6. **In accordance with state law, I carry the required state minimum car insurance.** ☐

Please check box indicating insurance coverage

I have read and understand the terms and conditions as stated above:

Date: _____

Printed Name: _____ Department: _____

Signature: _____