

MOTOR VEHICLE USE PROGRAM DRIVER ACKNOWLEDGEMENT

Before operating a vehicle for State of Georgia business, volunteers, as designated and defined by the UGA Student Affairs Motor Vehicle Use Policy for Volunteers, must use this form to certify that they are qualified to safely operate the vehicle.

By signing this form, I certify that I am qualified to safely operate a vehicle for state business. I specifically certify the following: *(Please initial on each line.)*

_____ I have a valid license for operating the vehicle and agree to have it in my possession.

_____ I do not currently have more than 10 points on my driver's license.

_____ I agree to use vision correction measures while operating the vehicle, if required by my driver's license.

_____ I agree to report any ticket or warning that I receive while operating the vehicle on state business.

_____ I have not had an "at fault" motor vehicle accident in the past 6 months.

_____ I do not have pending charges, or a conviction within the past 6 months, for any of the following offenses, and I agree to immediately notify UGA Student Affairs personnel should I be charged with one or more of these offenses: Driving Under the Influence, Driving While Intoxicated, Leaving the Scene of an Accident, Refusal to take a Chemical Test for Intoxication, Aggressive Driving or Exceeding the speed limit by more than 19 mph.

_____ I agree to notify UGA Student Affairs personnel of any changes involving the above initialed items before I operate a vehicle for state business.

_____ I agree to notify UGA Student Affairs personnel immediately upon License Suspension, Revocation, or Expiration.

_____ I have reviewed and understand the content of *Driver Safety Tips*.

_____ I understand that I will be subject to a MVR background history check in order to comply with the UGA Student Affairs Motor Vehicle Use Policy.

Signature

Printed Name

Date

DRIVER'S LICENSE INFORMATION (please print)					
First Name	Middle Name	Last Name	Date of Birth	License #	State

Dates covered by this agreement (not to exceed one calendar year from date of signature):

From ____/____/____ to ____/____/____

AU/UGA Medical Partnership Internal Procedure

Vehicle Usage

Procedure: The following procedure must be followed in order to use one of the AU/UGA Medical Partnership Vehicles.

- I. Must submit completed and signed State Motor Vehicle Use Driver Acknowledgement form each year.
- II. Driver Responsibilities
 - A. Responsible for keeping the vehicle secured at all times; valuables should not be left in plain sight.
 - B. Responsible for returning the vehicle in the same condition as when it was checked out. This includes but is not limited to removing trash, turning off the radio and adjusting the heat or air.
 - C. Return the vehicle to its point of origin on the Health Sciences Campus Parking Lot between Miller, Wright and Winnie Davis buildings.
- III. Refueling Vehicle
 - A. Vehicle should be returned with at least **full tank of gas**. Only use “**regular unleaded fuel**” when putting gas in the vehicle.
 - B. Whenever possible vehicles should be refueled at the UGA Automotive Center, (240A Riverbend Rd Athens, GA). Hours of operation are Monday - Friday 8:00am/11:00pm
 - C. A Fuel Card is provided when using the vehicle. When refueling at the UGA Automotive Center, first swipe the fuel card, enter the odometer reading from the vehicle, then the vehicle number (found on the bumper). Next enter your six digit number (this number is the six digits after 810 on your UGA Card), then you may fuel the vehicle. Please print a receipt and return to Lisa Shaw.
 - D. When refueling the vehicle out of town you may use any gas station to refuel the car. Swipe the gas card “at the pump” (can’t be used inside store) and then enter the odometer reading from vehicle and then the six digits after 810 on your UGA Card. Please print a receipt and return to Lisa Shaw.

IV. Reservations

- A.** Check the reservation calendar for vehicle availability.
Vehicle Reservation Calendar
- B.** Please request the date and time the vehicle is needed. Once you have submitted a request, you will receive an email confirmation.
- C.** Reservations will be accepted on a first come, first serve basis.
- D.** Vehicles must be returned in a timely manner so as not to disrupt the succeeding reservation schedule.
- E.** Keys must be returned to Lisa Shaw.
- F.** Keys and vehicles are not to be transferred between staff members.

V. Operation

- A.** Departmental vehicles may be parked in designed state vehicle spaces on campus.
- B.** Departmental vehicles shall be parked in legal parking spaces both on and off campus.
- C.** Departmental vehicles shall not block designated handicap spaces or curb cuts.
- D.** Departmental vehicles shall not interfere with the flow of pedestrian traffic.

VI. Evening/Weekend Use

- A.** All vehicles must be reserved and approved through Lisa Shaw – Operations Specialist at the Medical Partnership Business Office during normal business hours before the vehicle is used.
- B.** Keys for vehicles reserved for the evening or weekend must be picked up from Lisa Shaw by 4:00 pm.
- C.** Keys for evening and weekend use must be returned to Lisa Shaw by 8 am the next business day.