



### VEHICLE REQUEST FORM- PERSONAL VEHICLES

Please submit to the SALP Office **1 week prior** to the first day of travel. Out-of-state travel must be submitted **2 weeks prior** to the first day of travel.

**Personal Vehicle Use:**

I will use my personal vehicle for legitimate business travel as a member of \_\_\_\_\_ student group.

**Year of Car:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**License Plate#:** \_\_\_\_\_

I have attached a copy of my personal vehicle insurance which includes the policy number, expiration date and the Limits of Liability for Bodily Injury, Property Damage and Personal Injury Protection. I certify that the policy of Insurance has been issued to me.

**I certify:** 1) I have not had any traffic citations in the last 12 months, 2) I have a valid Oregon driver's license, and 3) I do not have limited driving privileges. I am fully aware my automobile insurance coverage is primary for myself and all passengers I transport to and from specified locations and the State of Oregon will not cover my private vehicle for use on State business except as defined by law. I hereby certify that all the above mentioned information is valid and true at this time.

**ON WHAT DATE WILL YOU PICKUP THE GAS CARD FROM SALP? \_\_\_/\_\_\_/\_\_\_**

**Print**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Index Code:** SDO - \_\_\_\_\_ **Student Group Name:** \_\_\_\_\_

**Destination:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Itinerary:** Please specify driving route, hotel, contact #s, etc. Mapquest directions are encouraged.

**Departure Date / Time:** \_\_\_\_\_ **Return Date / Time:** \_\_\_\_\_

**SOC Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Authorized Drivers:** Only students for whom a driving record has been approved and have completed the Student Activities & Leadership Programs Driver & Van Training program are allowed to drive. Any other person(s) found driving will severely affect the future driving privileges of the offending organization or person depending on the circumstance. Only in the case of an unexpected medical emergency involving the authorized driver shall an unauthorized driver be allowed to drive.

Driver's Initials1) \_\_\_\_\_2) \_\_\_\_\_

I have read the Student Code of Conduct and the Portland State University's Dean of Student Vehicle Policy.

Driver's Initials 1) \_\_\_\_\_2) \_\_\_\_\_

I understand that my student account will be charged all replacement fees associated with the loss of the University's gas card. **Upon completion of travel I will return the card to the SALP office within 1 business day.**

Driver's Full Name1) \_\_\_\_\_ PSU ID# \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Driver's Full Name2) \_\_\_\_\_ PSU ID# \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

<b>Driver 1)</b>		<b>License # &amp; State:</b>	
<b>Signature:</b>		<b>Expiration Date:</b>	
<b>Driver 2)</b>		<b>License # &amp; State:</b>	
<b>Signature:</b>		<b>Expiration Date:</b>	

**Authorized Passengers:** Only students, faculty, and staff who have a legitimate purpose will be allowed to travel in a state-sponsored vehicle. Only persons 18 years of age and older will be allowed to travel, unless approval is obtained in advance from the appropriate SALP/CR staff member. Non-PSU students or members of the public are generally excluded from travel, although there may be cases in which it is appropriate to travel (e.g. if the person has a legitimate purpose in aiding a passenger or driver and prior authorization by SALP/CR professional is obtained.)

Passenger's Name	PSU ID Number	Phone Number
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		

**Don't forget to have all passengers complete a Liability Waiver Form prior to travel!**

**Submit to your SALP Advisor at SMSU 119**